

# California Institute of Technology

## New Radiation Worker Form

**This section to be completed by Principal Investigator**

Add the individual below as an authorized user on my permits as indicated.

Date <input type="text"/>	Principal Investigator <input type="text"/>	Department <input type="text"/>	Mail Code <input type="text"/>
Permit Number(s) <input type="text"/>		Signature of Principal Investigator <input type="text"/>	

**This section to be completed by New Worker**

### New Worker's Statement of Radiation Training and Experience

Name <input type="text"/>		Caltech Status <input type="text"/>	
UID Number <input type="text"/>		Date of Birth <input type="text"/>	
Building and Lab <input type="text"/>		Campus Extension <input type="text"/>	Mail Code <input type="text"/>
Have you ever been on Caltech's Radiation Worker Program Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? <input type="text"/>			

Other employment involving exposure to radiation or use of radiation dosimeters (e.g. film badge, TLD). List all such employment.

Name and address of employer	Dates of employment	Dosimeter used?
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly describe your training and experience in the use of radioactive materials or radiation-producing machines.

In the appropriate sections below, enter the radionuclides previously used.

Isotopes/Activities Handled

	Microcurie amounts	Millicurie amounts	Curie amounts
Sealed sources	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unsealed $\alpha$ emitters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unsealed $\beta/\gamma$ emitters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neutron sources	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of New Worker <input type="text"/>	Date <input type="text"/>
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**This section to be completed by Safety Office**

Special Conditions   	Personnel monitoring <input type="checkbox"/> Body $\beta/\gamma$ badge <input type="checkbox"/> Body $\beta/\gamma/n$ badge <input type="checkbox"/> Finger dosimeter	Temporary dosimeters FB # <input type="text"/> Date <input type="text"/> DB # <input type="text"/> Date <input type="text"/> Ring # <input type="text"/> Date <input type="text"/> S M L
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Signature of Institute Health Physicist <input type="text"/>	Date <input type="text"/>
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