

Form B

To: The Radiation Safety Committee

Re: User Registration

New Project Title:

Title:

Degree/Major: _____

Social Security #: _____

CESF Unit/Faculty: _____

Phone Number: _____

Project:

Radiation Project Director:

Description of Work:

(Include procedures involving radioisotopes or radiation sources and radionuclides, chemical forms, amount (Ci or Bq), and specific activities to be used. Attach separate sheets as needed.)

New User's Formal Training in Radioisotope/Radiation Source

(Include Course and/or training date and location)

User's Experience other than course work

(Include nature and duration of work, radionuclides, quantities, and specific activities handled, and procedures employed. Cite on the back of this sheet any publications related to that experience.)

If radiation work is conducted under supervision, give the supervisor's name:

Will the new user have keys to the lab?

We understand that the use of radioisotope/radiation by a project user is not permitted at CESF until Radiation Safety Committee's approval is given.

Radiation Project Director's Signature _____
Date

Project User's Signature _____
Date

Approval/Disapproval by Radiation Safety Committee

Committee Chairman's Signature _____
Date