

**The University of North Carolina at Greensboro**

**Radiation Worker Registration Form**

*(Complete and submit for EH&S Department approval prior to radiation use)*

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>
<b>UNCG ID#:</b>		<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth:</b> (MM/DD/YYYY):		
<b>Department:</b>		<b>Authorization Holder:</b>		
<b>Lab Building/Rooms:</b>				
<b>Education:</b> <input type="checkbox"/> H.S. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other (Specify)_____				
<b>Training &amp; Experience</b> (Describe relevant radiation training and work experience):				
<b>My Work Will Involve</b> (Check all that apply):				
<input type="checkbox"/> Radioactive Materials (unsealed)		<input type="checkbox"/> Analytical X-ray		
<input type="checkbox"/> Sealed Sources of Radioactive Materials		<input type="checkbox"/> Cabinet X-ray		
<input type="checkbox"/> DEXA Bone Densitometer		<input type="checkbox"/> Other (Specify):		
Nuclide or Machine	Hours per week	mCi per experiment	Operations/Procedures	
<b>Dominant hand used to handle radioactivity:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> N/A				
<b>Ring Size:</b> <input type="checkbox"/> Small(~size 5) <input type="checkbox"/> Medium(~size 8) <input type="checkbox"/> Large(~size 11) <input type="checkbox"/> X-Large(~size 14)				

**Concurrent Employment:** Do you currently work at another company or institution other than UNCG that involves exposure to radiation or radioactive material? :  **Yes**    **No**

(Note: For purposes of occupational radiation exposure monitoring, you are required to notify EH&S if you are now or later become a radiation worker for another employer.)

**Previous Employment:** Have you ever been monitored for occupational radiation exposure at any other company or institution other than UNCG?                     **Yes**    **No**

**Previous Employer** (if “Yes” above, provide mailing address for most recent employer):

Company/Institution: \_\_\_\_\_

Department & Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_

I certify that the above information is accurate and complete to the best of my knowledge. I also authorize the UNCG EH&S Department to obtain occupational dose history records from my previous employer(s), if necessary, in accordance with the North Carolina Regulations for Protection Against Radiation.

\_\_\_\_\_  
**Signature of Registrant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorization Holder**

\_\_\_\_\_  
**Date**

***For EH&S Use Only***

Initial EH&S Training Completed (Date): \_\_\_\_\_

Account #:	Series Code:	Participant #:
------------	--------------	----------------

Dosimeters Assigned (type & location)	Frequency	Effective Date

Comments & Approval \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**RSO Approval**

\_\_\_\_\_  
**Date**

