

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