

## EHS Radiation Protection Program Radiation Safety Radiation Worker Registration Form

|                     |              |                   | SECTION I. Information (to be completed by Radiation Worker)  |                  |  |   |  |
|---------------------|--------------|-------------------|---|------------------|--|---|--|
|                     |              |                   | Last, First Name  |                  |  | Date of Birth   |  |
|                     |              |                   | MIT email   |                  |  | MIT ID#   |  |
|                     | SERIES CODE: | TERMINATION DATE: | Job Title   |                  | Phone #  | Office Bldg./Room   |  |
| BADGE NUMBER:       |              |                   | Department  |                  |  |   |  |
|                     |              |                   | PI/Project Supervisor   | Last, First Name |  |   |  |
|                     |              |                   | Give a brief description of proposed work with radiation and/or radiation producing machines (x-rays, accelerators, etc.). Specify radionuclides, chemical & physical form of radionuclides, and activities (mCi) you intend to use in your proposed work:  |                  |  |   |  |
| AUTHORIZATION #:    |              | P STAFF:          | SECTION II. Previous experience with radiation (to be completed by Radiation Worker)  |                  |  |   |  |
|                     | SUPERVISOR:  |                   | Do you have previous experience If yes, have you received greater than 100 millirem in this calendar year from occupational exposure to radiation?  |                  |  |   |  |
|                     |              |                   | ☐ YES ☐ NO  |                  |  | ☐ YES ☐ NO  |  |
|                     |              |                   | If you have received 100 mrem or more in this calendar year, please provide a brief description of previous experience along with the name & address of employer.  (Note: This information is required for workers monitored for occupational dose during the current year):  |                  |  |   |  |
|                     |              | RPP               | I have attended the RPO radiation safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee. |                  |  |   |  |
|                     |              |                   | Signature: Date:  |                  |  |   |  |
| <b>~</b> 1          |              |                   | Section III. RADIATION PROTECTION REVIEW (to be completed by RPP staff)   |                  |  |   |  |
| FOR OFFICE USE ONLY |              | AME:              | RPP Signature   |                  | ernal Radiation Monito<br>Required, 105 CMR.120<br>Required by License<br>Convenience Badging<br>Jone required/requested | .226 Required, 105 CMR.120.226 Required by License Convenience Monitoring |  |
| OR OF               |              | LAST NAME:        | Date  |                  |  |   |  |