

PERSONAL DATA FORM FOR INDIVIDUAL WORKER

(Supplementary Information Documenting Training and Experience with Radiation)

INSTRUCTIONS: This form needs to be completed for each individual who will work with or otherwise handle radioactive materials under your radioactive materials license. Please type or print the requested information and send the original and one copy to the Radiation Safety Program, Occupational Health and Safety Department. Also make a copy for your own files.

Radioactive Materials (RM) Licensee _____
(Name) (License Number)

- 1. Name _____ Date _____
(Include suffix, ie: Ph.D., M.D., etc...)
- 2. Title/Position _____
- 3. Department _____
- 4. Campus Mailing Address _____
- 5. Campus Phone Ext. _____ Email Address _____

- 6. Has the worker completed a formal course in Radiation Safety? Yes____ No____
If Yes, was training received at UAB? Yes____ Approx. Date _____ No____

If prior training was not received at UAB, complete the following:

<u>Title of Course</u>	<u>Institutions</u>	<u>Date Attended</u>	<u>Certification (Yes / No)</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Contact the UAB Radiation Safety Program for prior training approval criteria)

7. Has the worker used radioisotopes before?
Yes _____ No _____

A. If yes, complete the following regarding this experience:

<u>Facility</u>	<u>Dates</u>	<u>Radioisotopes</u>	<u>Chemical Form</u>	<u>Possession Limits</u>

8. Have radiation exposure records been maintained for you at other facilities?
Yes _____ No _____ If yes, list each one and give the dates of the monitoring period. If the exposure records were maintained under a former name, please provide where applicable.

Certificate

I, the undersigned, certify that the information provided herein, including all supplements attached hereto, is true and correct to the best of my knowledge and belief.

Person Named in Item 1 (Type or Print)

Date _____

Person Named in Item 1 (Signature)