

APPENDIX M.

**BOSTON COLLEGE
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY
RADIATION SAFETY PROGRAM**

WORKER REGISTRATION FORM

SECTION I

Date _____

1. Name _____
(Print) Last First M.I.
2. Social Security Number (last 4 digits) _____ Birth Date _____
3. Department _____ Supervisor _____
4. Faculty _____ Staff _____ Student _____ Other _____
 Title _____
5. Office No. _____ Ext. _____ Lab No. _____ Ext. _____
6. Project Supervisor (PI) _____
7. Brief description of work with radiation:
8. Radioactive material to be used in your work:

RADIONUCLIDE(s)	TOTAL ACTIVITY ORDERED (MCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT

9. Radiation producing equipment to be used in your present work:
 Type _____ Maximum Energy _____

Radiation Safety Program Worker Registration Form, cont'd

SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous Experience with radioactive material:

RADIONUCLIDE(S)	GREATEST ACTIVITY USED	

EMPLOYER(S) NAME AND ADDRESS	FROM	TO DATES

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME AND ADDRESS	DATES FROM	TO

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? **YES NO UNKNOWN**

4. Has your occupational exposure to external radiation totaled more than 500 mrem (or 500 mrad) in any one year? **YES NO UNKNOWN**

The Boston College *Radiation Safety Manual* is available to me through my Principal Investigator and on line at www.bc.edu/ehs. I have received and read Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure* and Regulatory Guide 8.29, *Instruction Concerning Risk from Occupation Radiation Exposure*. I have attended the radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupation radiation exposure. If necessary, I give the Radiation Safety Officer permission to request my radiation exposure history from previous employers. I agree to comply with 1) all applicable Boston College rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the Boston College Radiation Safety Committee.

Signature _____
Date

Radiation Safety Program Worker Registration Form, cont'd

SECTION III TO BE COMPLETED BY THE RADIATION SAFETY OFFICER

Interviewed by: _____ Date: _____

Type of Interview: Radioisotope: _____ X-ray: _____ Accelerator: _____

Instruction Material Supplied: Manual: _____ Information Sheets: _____

Regulatory Guides 8.13 and 8.29: _____

Other: _____

Date Terminated: _____ Date Reactivated: _____

Dosimetry: Yes___ No ___ Body_____Wrist_____Finger:_____

Spare Badge # _____ Reference # _____ Issue Date _____

Termination Date _____

Other: _____

Bioassay: Yes: _____ No: _____

Urinalysis: _____ Radionuclides: _____

In vivo Measurements: Whole Body: _____ Thyroid: _____