

RADIATION SAFETY - EAST CAROLINA UNIVERSITY

RADIATION WORKER REGISTRATION

RSO FORM 04

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE OFFICE OF RADIATION SAFETY PRIOR TO BEGINNING WORK WITH RADIOACTIVE MATERIAL OR RADIATION EMITTING DEVICES, SO ADEQUATE RECORDS CAN BE KEPT OF RADIATION WORKERS. *Please scan or email to Kim Hathaway hathawayk@ecu.edu*

1. _____
Name Date of Birth M F Sex Banner ID _____
2. Principal Investigator _____ Date ____/____/____
3. Department _____ Location: _____
Building Room # Telephone #
4. Employment Status: Full-time _____ Part-time _____ Student: Yes _____ No _____
5. Email Address: _____
6. Principle Duties of the Employee: _____

Using the Following Radioactive Material:

Isotope (ex. 32-P)	Quantity/Week in microcuries (ex. 250)	Devices
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List all training and experience in lab procedures and/or handling of radioactive material: _____

8. List previous employer and whether you were monitored (film badge) while employed: _____

Office Use Only

Employee's Number _____ Series Code _____ Badge Type _____