

# 5C-T RADIATION WORKER INFORMATION FORM

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: ☐ M ☐ F

Maiden Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Box # \_\_\_\_\_ Phone Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

DEPARTMENT (*must be filled out*) \_\_\_\_\_

Radioactive Permit Holder (for research workers) \_\_\_\_\_

Dosimetry Contact Name (if applicable): \_\_\_\_\_

Function relative to the use of RAM (check one): ☐ Physician ☐ Medical/Non-Physician  
☐ Research ☐ Other-please specify \_\_\_\_\_

## RADIATION SAFETY TRAINING REQUIREMENT:

***INITIAL TRAINING ON MUST BE COMPLETED BEFORE BECOMING A RADIATION WORKER. PLEASE CHECK THE BOX BELOW INDICATING WHICH TRAINING WAS COMPLETED:***

<input type="checkbox"/>	<b>EHS Clinical Imaging Safety Course for Physicians (MyPath)</b> This course is for a Physician in any medical department that uses clinical imaging
<input type="checkbox"/>	<b>EHS Clinical Imaging Safety Course for Support Staff (MyPath)</b> This course is for any other staff in a medical department that uses clinical imaging (Staff refers to anyone other than a Physician, i.e. nurse, technologist, etc.)
<input type="checkbox"/>	<b>EHS Radiopharmaceutical Safety Course (MyPath)</b> This course is for any medical department that uses radiopharmaceuticals
<input type="checkbox"/>	<b>EHS Fundamentals of Radiation Safety for RAM Labs (MyPath)</b> This course is for individuals working in a research lab using radioisotopes
<input type="checkbox"/>	<b>EHS Fundamentals of Radiation Safety for Irradiators (MyPath)</b> This course is for individuals working with an irradiator
<input type="checkbox"/>	<b>LLE Radiation Safety Training (R_001)</b> This course is for all new radiation workers at LLE

## FOR RADIATION SAFETY OFFICE USE ONLY

DATE OF TRAINING: \_\_\_\_\_ SCORE \_\_\_\_\_

TEMP WEARER # \_\_\_\_\_ TEMP MONTH \_\_\_\_\_ MONTH STARTING \_\_\_\_\_

NEW WEARER # \_\_\_\_\_ LOCATION CODE: \_\_\_\_\_

SET UP ON HPA \_\_\_\_\_ SET UP ON LDR \_\_\_\_\_ DATE HISTORY SENT: \_\_\_\_\_

## 5C-T RADIATION WORKER INFORMATION FORM

### PREVIOUS RADIATION MONITORING (If applicable):

Have you previously used a film badge or TLD at the U of R? \_\_\_\_ yes \_\_\_\_ no

Have you been monitored at any other place of employment? \_\_\_\_ yes \_\_\_\_ no

If yes, type of monitor? \_\_\_\_\_ or bioassay? \_\_\_\_\_

**Complete address of former employer where radiation exposure history may be obtained:**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**Department employed in where you were monitored** \_\_\_\_\_

**Date of previous radiation monitoring: From** \_\_\_\_\_ **to** \_\_\_\_\_

If you know your prior occupational exposure for the current year, complete the table below and sign the certification statement. Otherwise, this table and the associated certification statement may be left blank.

Location	Dates	Whole Body Dose (mrem)	Eye Dose (mrem)	Shallow Dose (mrem)

**I certify that the table above is a complete record of my current year occupational exposure.**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Do you work at another location where you wear another dosimeter not issued by the U of R Radiation Safety Unit? If yes, provide complete address of current location of employment which provides a dosimeter:**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

### Dosimetry Records Release Statement

Under the provisions of 10CFR20.404 I authorize the release of, and request that all my radiation exposure records be furnished to the Radiation Safety Unit, University of Rochester, 601 Elmwood Avenue, Box HPH, Rochester, NY 14642.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

### Personal Dosimetry Requirements

**According to New York State regulations, you are required to wear radiation dosimetry if you meet the following conditions:**

- Are likely to receive a radiation dose in excess of 10% of the Occupational Limit of 5 mSv (500 mrem) per year
- Enter a High Radiation Area (Radiation field >1 mSv/hr (100 mrem/hr) at 30 cm
- Are a declared pregnant worker likely to receive a dose in excess of 0.5 mSv (50 mrem) per year

You are **not** required to wear radiation dosimetry if you meet the following conditions:

- Work **only** with low energy beta-emitting radionuclides such as tritium (H-3), C-14, or S-35

In order to receive radiation dosimetry, **all personnel** must meet the following requirements:

- Submit a completed 5C OR 5C-T Radiation Worker Information Form
- Be at least 18 years of age
- Be approved by their supervisor or PI

In addition to the general requirements, **research personnel** must meet the following requirements:

- Complete an "EHS Fundamentals of Radiation Safety" Course and associated exam with a minimum score of 80%.

In addition to the general requirements, **Clinical personnel** must meet the following requirements:

- Complete an "EHS Clinical Imaging Safety" OR "EHS Radiopharmaceutical Safety" Course and associated exam with a minimum score of 80%