

RPR 1A. RADIATION USER TRAINING & PERSONAL DATA

(Please type or print legibly)

Last name: _____ First name: _____

Middle Int.: _____ Previous (maiden) or other surnames known by: _____

Permanent Address: _____

Soc. Sec. No.: _____ Sex: Male _____ Female _____

Birth date: Month _____ Day _____ Year _____

Job Title or Duties: _____

Employer: _____

Department: _____ Room Number: _____ Phone: _____

Responsible User: _____ or Instructor: _____

Program Number: _____ E-mail _____

Date of first radiation use at Idaho State University: _____

Required radiation safety training includes the following topics:

- (1) nature of radiation sources,
 - (2) biological effects and risk estimates,
 - (3) risks to the unborn and control of prenatal exposure,
 - (4) ALARA principle and minimizing exposure,
 - (5) correct use of protective devices,
 - (6) provisions of regulations and licenses,
 - (7) response to radiation emergencies,
 - (8) responsibilities and rights of radiation users,
 - (9) availability of monitoring and inspection reports,
- and, for radioisotope users only:
- (10) safe handling and storage of radioactive materials.

1) Have you completed the on-line Radiation Safety Training provided by ISU

Yes ___ No ___

2) Have you had previous work experience involving occupational radiation exposure?

Yes ___ No ___

If you checked "Yes" for items 2 complete a "REQUEST FOR RADIATION EXPOSURE HISTORY (RPR 1B) for each such institution or employer.

The information above is accurate and complete. I understand that I may communicate directly, in confidence and without prejudice, with the Radiation Safety Officer or the U.S. Nuclear Regulatory Commission on any matter concerning radiation protection.

Signature: _____ **Date:** _____