



DOSIMETRY EVALUATION FORM

Name of user (applicant): _____ Date: _____

PI (RUA holder's name): _____ RUA#: _____

Location: _____ Mail code: _____ Phone: _____

This form is for people wanting to be authorized to work with radioactive materials. In order to become an "authorized user" the Principal Investigator must sign this form to acknowledge that you are a member of his/her lab. Radiation dosimetry is NOT assigned to all users. This form will help us determine your need for dosimetry.

A. Amendment to RUA:

- Have you completed the TSRI radiation safety training and test? YES (date _____) NO
- Were you previously authorized under another RUA at TSRI? YES (RUA# _____) NO
- Will you be working with an x-ray diffraction (crystallography) unit? YES NO

B. Request for Dosimetry/Evaluation of Need:

Dosimetry will be provided to those employees working with amounts greater than the *action level* listed for each radionuclide in the table below. If you anticipate working with activities greater than the *action level*, check the appropriate box and enter the activity you will be working with. If you are working with levels below the *action level* or with radionuclides not listed you are finished with this form. Have your PI sign and date at the bottom.

Will you be using the following radionuclides in amounts greater than the <i>action level</i> given?	Enter the activity to be used.	Will you be using the following radionuclides in amounts greater than the <i>action level</i> given?	Enter the activity to be used.
³² P > 1 mCi YES <input type="checkbox"/>	_____	¹³¹ I > 0.5 mCi YES <input type="checkbox"/>	_____
⁵¹ Cr > 5 mCi YES <input type="checkbox"/>	_____	²² Na > 1.0 mCi YES <input type="checkbox"/>	_____
¹²⁵ I > 1 mCi YES <input type="checkbox"/>	_____	⁵⁹ Fe > 0.5 mCi YES <input type="checkbox"/>	_____

- Will you be performing iodinations? YES NO

If you are issued dosimetry, we are required to track your annual exposure in conjunction with previous/future exposures obtained elsewhere. The following information is required for this purpose but not required if your usage at TSRI does not warrant the assignment of dosimetry.

Social Security Number: _____ Date of Birth: _____

C. Historical Information:

- Have you ever been issued dosimetry before? YES NO At TSRI? YES NO
- Were you issued dosimetry previously this calendar year? YES NO

IF you were issued dosimetry at another institution please fill out the following information:

Institution: _____ Department: _____

Address: _____ City: _____ St. _____ Zip: _____

Phone: _____ Dates of employment: _____

Ring Size: Small (size 4-6) Medium (size 8-10) Large (size 10-12)

I hereby authorize the release of all of my radiation exposure history records to TSRI. Signature: _____

By signing below I authorize the addition of this individual to my Radiation Use Authorization (RUA).

RUA Holder's Signature: _____ Date: _____

FOR EH&S USE ONLY	Will dosimetry be issued to this individual?	<input type="checkbox"/> YES NO <input type="checkbox"/>
RSO Signature: _____	Date: _____	