



VANDERBILT UNIVERSITY
RADIATION WORKER REGISTRATION FORM

Before working with radiation sources, a radiation worker must satisfy the training requirements as outlined in the [Vanderbilt University Radiation Safety Manual](#).

(*Signature required)

A. Radiation Worker Identification Information

Last Name: _____ First: _____ M.I.: _____

Date of Birth: _____ Sex (M/F): _____

Last four digits of your Social Security Number: _____

VUnet ID: _____ Email address: _____

B. Radiation Exposure Information

1. Have you previously been monitored for occupational radiation exposure? Yes No

Vanderbilt

Other; please list most recent institution: _____

Fill out one release letter for each previous non-Vanderbilt institution where you were monitored for radiation exposure and submit with this application. ***In order for you to be permitted to work with radiation sources, Vanderbilt is required to have your complete occupational exposure history for the current year.***

2. Sources of radiation you will be exposed to while at Vanderbilt:

X-rays; location: _____

Radioisotopes; which isotopes? _____

Will you be handling more than 1mCi of radioactive material at one time? Yes No
(except ^3H , ^{14}C , ^{33}P , ^{35}S , ^{45}Ca , or ^{63}Ni)

3. Will you be exposed to occupational radiation at locations other than at Vanderbilt? Yes No

If yes, please indicate where: _____

C. Departmental Information

Department: _____ Dept. Phone #: _____

Radiation Worker's Job Title/Position: _____

Principal Investigator (research only): _____

* **Badge Representative's Signature:** _____ **Series Code:** _____

D. Responsibilities of Badged Radiation Workers

I acknowledge that I have read and agree to comply with the instructions as outlined in the "Responsibilities of Badged Radiation Workers" and that, as a radiation worker, I am obligated to know and adhere to the Vanderbilt University Radiation Safety Policies and Procedures Manual.

* **Radiation Worker's Signature:** _____ **Date:** _____

VANDERBILT UNIVERSITY

RESPONSIBILITIES OF BADGED RADIATION WORKERS

(Do not return with badge application – please keep for your record.)

I understand that in conjunction with my application submission for and issuance of a personnel radiation monitoring badge, I will comply with the following:

- Arrange pick up/delivery of my badge for each new cycle with my departmental Badge Representative
- Wear my badge whenever I am working in the vicinity of radiation or with radioactive material
- Return my old badge at the end of the wear period to my departmental Badge Representative
- Wear my badge according to the appropriate type:



1. Chest Badge – wear between shoulders and waist
If worn with a lead apron, wear this badge outside apron at collar level



2. Collar Badge – wear on collar, outside of lead apron
If worn with a lead apron, wear this badge outside apron at collar level



3. Waist Badge – wear on waist, underneath lead apron
If assigned a collar and waist badge, the waist badge must be worn underneath lead apron



4. Fetal Badge – wear low in center of abdomen, underneath lead apron
The fetal badge will be exchanged monthly, even if your chest badge is exchanged quarterly

Note: Pregnant radiation workers should review the [Declared Pregnant Worker](#) information.

5. Ring Badge – wear on hand, under gloves, facing source of radiation
- The badge reading is a legal record and must reflect occupational exposure only:
 - Badge shall be worn only by the person to whom it was assigned
 - Badge shall not be tampered with
 - Badge shall not be worn during exposure I receive as a medical patient
 - Badge shall not be worn at institutions outside of Vanderbilt
 - If I lose my badge, I will notify my Badge Representative, who will request a replacement from VEHS
 - Failure to return my badge when it is due will result in a late fee
 - Examine my personnel dosimetry reports regularly to ensure my readings are ALARA (as low as reasonably achievable)
 - Individual Dose Reports may be accessed online, see [Radiation Safety website](#) for instructions.
 - Know and adhere to the Radiation Safety Policies and Procedures Manual and any specific radiation safety procedures that are applicable to my work

INSTITUTION: _____

DEPARTMENT: _____

ADDRESS: _____

Attention: Radiation Safety Officer

Please accept this letter as an official request for the occupational radiation exposure history of the following individual:

Name: _____

Last 4 digits of Social Security Number: _____

Date of Birth: _____

Date of Employment: _____

I hereby authorize that my radiation exposure history be released to Vanderbilt University.

Signature: _____ **Date:** _____

This information is necessary to fulfill the requirements of Tennessee State Regulation 0400-20-05-.133.

Please mail the information to: Vanderbilt Environmental Health & Safety
Radiation Dosimetry
A-0201 Medical Center North
1161 21st Avenue, South
Nashville, TN 37232-2665

Thank you for your assistance with this important safety requirement. Please do not hesitate to contact me if you are in need of any further information.

Sincerely,

Ling Chung
Sr. Safety Officer – Health Physicist
Vanderbilt University Medical Center
Radiation Safety – VEHS
(615) 343-4892 office
(615) 343-4951 fax
ling.h.chung@vumc.org