

Dosimetry Program Enrollment Forms

Please read this page of instructions before beginning.

ALL forms are required and ALL must be fully completed.

Please use the TAB key to navigate the forms, otherwise you might miss required fields and will need to complete these forms again.

You will need to use a PC and Adobe Reader 9 or higher and a PRINTER to complete these dosimetry forms. If you are using a Mac, please make sure you are using Adobe and not "Preview", while it will let you view the file, it will not function correctly.

After you complete the forms, please use the print button, print the forms and send them via one of the following methods:

Scan and send via E-mail:

HSC-radiationsafety@salud.unm.edu

Fax:

Radiation Safety

2-8738 (272-8738 from off campus)

Campus mail:

Radiation Safety

Office of Research

MSC 08 4560

The best option, if available, is to select "Adobe PDF" or "Microsoft XPS Document Printer" from your list of printers, save the electronic file on your computer, then send it as an attachment via email. Most PC's with Vista or later will have the XPS option. We have great success with this format; otherwise print to paper and use of these options, in order of preference.

If possible, before you complete these forms, have the following information available.

1. The name of your Badge Coordinator: individual who will be responsible for your badge exchange
2. The name of your permit holder: name of employer
3. The name of your badge location: department you work in (CT, OR, Radiology, etc)
4. Your UNM ID number:
UNMH employee ID for hospital employees, found on paystubs and in Kronos
BannerID for Campus employees or students, found on paystubs, and your LoboCard.
5. If you have been monitored for radiation exposure previously, you will need the facility name(s) and address(es) where you were monitored for occupational radiation exposure. If you do not have this information available now, please obtain it before proceeding.
6. If you have a license for radiation producing machines with the State of New Mexico, (i.e. x-ray tech, RTT, dental hygienist, etc) you must send a photo copy to Radiation Safety: MSC08 4560 Attn: Kimberly Paffett, fax to 2-8738 (272-8738 off campus), or email scanned copy to HSC-radiationsafety@salud.unm.edu.

Please make sure the "Highlight Existing Fields" button is selected at the top of the form. In this packet, it is above and to the right.

What the fields will look like without "Highlight Existing Fields"

Radiation Worker's Training & Experience	
Name: <input type="text"/>	Orientation Date: (MM/DD/YY) <input type="text"/>
BannerID/UNMH ID: <input type="text"/>	Date of Birth: (MM/DD/YY) <input type="text"/>
Job Title: <input type="text"/>	
Permit Holder: <input type="text"/>	Department: <input type="text"/>

What fields will look like WITH the "Hightight Existing Fields" button pushed. Required fields are outlined in RED.

Radiation Worker's Training & Experience	
Name: <input type="text"/>	Orientation Date: (MM/DD/YY) <input type="text"/>
BannerID/UNMH ID: <input type="text"/>	Date of Birth: (MM/DD/YY) <input type="text"/>
Job Title: <input type="text"/>	
Permit Holder: <input type="text"/>	Department: <input type="text"/>

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Name: _____ Orientation Date: (MM/DD/YY) _____

BannerID/UNMH ID: _____ Date of Birth: (MM/DD/YY) _____

Job Title: _____

Permit Holder: _____ Department: _____

LIST PAST TRAINING AND EXPERIENCE (FOR NON-UNM TRAINING.

If you wish to have non-UNM training considered to substitute for UNM required training, please submit proof of completion and a course outline of training completed.

If you have no previous Training or Experience just click the N buttons below on the left and skip to "Briefly describe"

Type of Training	On the Job	Formal	Where Trained	Duration of Training
Principles and Practices of Radiation Protection	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
Radiation Measurement Standardization and Monitoring Techniques and Instruments	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
Mathematics and Calculations Basic to the Use and Measurement of Radiation	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		
Biological Effects of Ionizing Radiation	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N		

EXPERIENCE WITH RADIOACTIVE MATERIALS OR RADIATION PRODUCING MACHINES / INSTRUMENTS

Radionuclide or Machine	Activity Used (Ci) or Machine kVp/mA	Where Experience was Gained	Duration of Experience	Type of Use

Briefly describe your current job responsibilities / activities involving radiation:

This is to certify that I am a: (check all that apply)	Note: If State certification is required for your position (e.g. X-ray technologist) you must provide a photocopy of your current certificate when returning this form.	<input type="checkbox"/> UNM	<input type="checkbox"/> Faculty	<input type="checkbox"/> Employee
		<input type="checkbox"/> UNMH	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Carrie-Tingley	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor
		<input type="checkbox"/> Sandoval Regional		

☐ I attest that the information contained here in is true and accurate to the best of my knowledge, and that I am the person represented on these forms.

E-mail address. This should be an account belonging to you alone and should be used to send the completed forms. A UNM email address is strongly encouraged.

Signature, please type your name here.

Radiation Safety Division Use Only

Training/ &
Experience

	<input type="checkbox"/> RS Course	<input type="checkbox"/> XRD	Initials
Exam Score:			
Special Proj:		Not required	
Viewed Video(s):			
Hands-on-Training:	Not required		
Completion of RCC Requirements:			

☐ Other - See attachment

☐ Other - see comments

Comments _____

State Certification on File: ☐ Yes ☐ No ☐ N/A

Initials: _____

☐ Dosimetry Module Passed

T & E Status: _____

Initials: _____ Date: _____

RCC Approval Date: _____

RSO Review: Initials: _____ Date: _____

Change to T & E Status: _____

RCC Approval Date: _____

Initials: _____ Date: _____

RSO Review: Initials: _____ Date: _____

Change to T & E Status: _____

RCC Approval Date: _____

Initials: _____ Date: _____

RSO Review: Initials: _____ Date: _____

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UNM SRS/Radiation Safety Division

Dosimeter Questionnaire

Name: _____ BannerID/UNMH ID: _____

Date of Birth: _____ Permit Holder: _____

Badge Location Name: _____ Badge Location #: _____

Bldg: _____ Room: _____ Orientation Date: _____

Occupation: _____ Phone: _____

☐ Male ☐ Female

Employment status:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ PRN ☐ Other Specify Other: _____1) Have you ever been monitored for occupational radiation exposure? ☐ Yes ☐ No At UNM? ☐ Y ☐ N2) Are you presently assigned a dosimeter at another facility? ☐ Yes ☐ No3) Will you be **working around** Radioactive Material or Radiation Producing Instruments, where an associated dose may be expected? ☐ Yes ☐ No4) Do you anticipate **working with** either of the following?☐ Radioactive Materialand/or☐ Operating a radiation producing machine.

Specify nuclides

Specify Machine type

☐ Medical diagnostic x-ray equipment☐ Fluoroscopic equipment☐ X-ray diffraction equipment☐ X-ray fluorescence equipment☐ Other Specify: _____**For RSD use only, proceed to next page.**

a. Type of dosimeter (Note: See the Badge Coordinators printout for the type of dosimeters to be issued):

b. ☐ WB-14 ☐ WBn-16 ☐ WB/FS-14 ☐ Ring-R ☐ S ☐ M ☐ L ☐ Ring-L ☐ S ☐ M ☐ L ☐ WR-14 ☐ ARE-14c. ☐ Spare: _____, _____, _____, _____d. ☐ New Issue ☐ Reactivate ☐ Transfer ☐ Fetal, issued RSF-51-1 forme. ☐ Permanent ☐ Temporary _____

f. Beginning Date: _____

g. Acct. No.: ☐ 45978 ☐ 45975 ☐ 45977

h. Badge Location #: _____

i. Dosimeter#: _____

j. Dosimeter required? ☐ Yes ☐ No
(If no, exposure history request not required)

k. Dosimeter Program Orientation Date: _____

l. T&E Status: _____

m. Check off for files:

☐ Enter into NameList☐ Update NameList☐ Pull from Terminated Files☐ T&E only☐ Assign Spare☐ Spare Already Assigned☐ Badge Already Ordered☐ Order badge for current Month/Quarter☐ Order badge for next Month/Quarter☐ Reassign Spare(s)☐ Other: _____

n. Date Ordered: _____

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UNM SRS/Radiation Safety Division **Occupational Radiation Exposure History**

Name: _____

Date: _____

BannerID/UNMH ID: _____

Date of Birth: _____

Release Statement

In accordance with applicable state and federal regulations, the University of New Mexico is maintaining records on personnel exposures to ionizing radiation.

By clicking here I certify that I have had NO previous occupational radiation monitoring during the CURRENT
☐ calendar year, and that my occupational dose for the current year is 0.0 mrem. **(make sure signature block is completed at the bottom of this page and then move to the next form)**

By clicking here, I certify that I HAVE had previous occupational radiation monitoring at the facilities listed below
☐ during the **CURRENT** calendar year. Authorization is given to release the records of my occupational radiation exposure to the University of New Mexico, Safety and Risk Services Department, Radiation Safety Division.
(complete the remainder of this form)

Last four digits of your social security number: _____ Maiden Name if applicable: _____

This will help us identify you to previous employers, to obtain your exposure history, as many employers still use the SSN to identify radiation workers.

Complete all information for each facility where monitoring occurred and sign the release statement below.

1) Facility Name: _____

Address: _____

Dept: _____

City, State, Zip: _____

Monitoring Period From: _____ To: _____

2) Facility Name: _____

Address: _____

Dept: _____

City, State, Zip: _____

Monitoring Period From: _____ To: _____

RSO Use Only

Documentation of training request: Yes: ☐ No: ☐

Date Mailed: _____ Date Rcv'd: _____

Documentation of training request: Yes: ☐ No: ☐

Date Mailed: _____ Date Rcv'd: _____

3) Facility Name: _____

Address: _____

City, State, Zip: _____

Dept: _____

Monitoring Period From: _____ To: _____

4) Facility Name: _____

Address: _____

City, State, Zip: _____

Dept: _____

Monitoring Period From: _____ To: _____

RSO Use Only

Documentation of training request: Yes: ☐ No: ☐

Date Mailed: _____ Date Rcv'd: _____

Documentation of training request: Yes: ☐ No: ☐

Date Mailed: _____ Date Rcv'd: _____

E-mail address

Signature, please type your name here

RSF-60-2b	<u>UNM SRS/Radiation Safety Division</u> Acknowledgment of Applicable Rules and Regulations
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-To be completed by all individuals working under a UNM Permit Holder

I certify that I have read and understand the applicable University of New Mexico rules and the State of New Mexico regulations governing the safe uses of ionizing radiation sources, I also acknowledge that it is my responsibility to abide by these rules and regulations.

Name: _____ Date: _____

BannerID/UNMH ID: _____

Occupation: _____

Department:

Permit Holder: _____

E-mail address

Signature, please type your name here

RSF-50-3a**UNM SHEA/Radiation Safety Division**
Radiation Safety Orientation

Name: _____ BannerID/UNMH ID: _____ Date: _____

Department: _____ Date of Birth: _____

General

- ☐ 1. Badge Coordinator / Responsibilities ☐ 3. Return of badges, cancellations ☐ 5. Lost badge replacement, lost badge report
☐ 2. Care of badges and your responsibilities ☐ 4. Monitoring by other facilities ☐ 6. Exchange frequency & procedures

Pursuant to 10 CFR 19.12 Instructions to Workers:

- ☐ 7. Definition of a "worker" ☐ 14. Exposure reports
☐ 8. Definition of a "restricted area" ☐ 15. Reporting of suspected external or internal exposure
☐ 9. Signs and postings ☐ 16. Contamination Issues (report to supervisor all spills)
☐ 10. Definition: radiation measurement units ☐ 17. Permit Holder / Supervisor responsibilities
☐ 11. Time, Distance, Shielding ☐ 18. Hospitalized patients receiving a Dose or Implant
☐ 12. ALARA philosophy ☐ 19. Definition and procedure for "Declared Pregnant Woman"
☐ 13. Occupational Dose limits

External links

- ☐ 20. Memo - Users of Fluoroscopic x-rays
☐ 21. Regulatory Guide 8.29 Instructions Concerning Risks for Occupational Radiation Exposure
☐ 22. Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure
☐ 23. Dose limits/ Action Limits ☐ 24. Radiation Warning Signs
☐ 25. UNM Radiation Safety Manual ☐ 26. UNM Radiation Safety website

If any of the items listed above were not adequately addressed or you were not told where to find them, please uncheck that item and explain what the issue was in the comment field below. Items that are not checked off but do not have an explanation will be disregarded as an error.

- ☐ **I have been instructed in the above topics as they apply to my work situation and have been given the opportunity to ask questions.**

E-mail address_____
Signature, please type your name here