

**Health Physics Radiation Safety Training Record  
and Nuclear Energy Worker Form**

<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Department:</b> _____	<b>Supervisor:</b> _____
<b>Building:</b> _____	<b>Room:</b> _____
<b>Work Email:</b> _____	<b>Contact Phone:</b> _____
<b>Job Category:</b> <input type="checkbox"/> Student _____	<b>Department:</b> _____
<input type="checkbox"/> Other _____	<b>Job Title:</b> _____

**Brief Description of Work (Location or Permit and Isotope if known):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Initial Training Completed:**

<b>Training Session:</b>	<b>Date</b>	<b>Trainer</b>
Handling Radioactive Material in a Basic/Intermediate Laboratory Training		
MNR Initial Radiation Training		
X-Ray User Training		

**Radiation Protection Regulation Requirements**

The Radiation Protection Regulations requires that we collect the following information:

- Social Insurance Number
- Birthdate
- Gender
- Province/Country of Birth

For your privacy and confidentiality, contact Rachel McCready at 905-525-9140 x26721 or Terri Parker at 905-525-9140 x24226 to provide this information directly. **Do not provide this information via email.**

**Dosimetry Information:**

Health Physics is legally required to communicate annual dosimetry results to each individual. You are responsible for providing and updating your contact information so the Health Physics Department. Provide your home address and e-mail, along with your preferred method of dosimetry communication:

Preferred Method of Communication:                     **Mail**                     **E-mail**

<b>Apartment Number</b>	<b>Street Number</b>	<b>Street Name</b>
<b>City</b>	<b>Province / State</b>	<b>Postal Code</b>
<b>Personal E-mail</b>		

**Dosimetry Information (To be Completed by NEW Applicant)**

Have you performed radiological work at an organization other than McMaster University?

YES                     NO

If yes, provide the occupational dose received in the table below and submit a copy of the facility dose reports:

<b>Current Year (mSv)</b>	<b>Last Year (mSv)</b>	<b>2 Years Ago (mSv)</b>	<b>3 Years Ago (mSv)</b>	<b>4 Years Ago (mSv)</b>

Locations at which the occupational dose above was received:

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**Note:** You are responsible of informing the Health Physics Department if you receive occupational dose at another facility, prior to performing radiological work activities under a licence issued to McMaster University.

## Acknowledgement of Nuclear Energy Worker Status Update

To: HEALTH PHYSICS

From: (Print Name) \_\_\_\_\_

I understand that a condition of being granted permission to work with radioactive material is that I undertake to become informed of the potential hazards, the proper procedures, and the basic elements of radiation safety. I have been provided training material appropriate for my work, and I undertake to read these documents, and to follow the procedures and instructions therein set out. I will discuss with Health Physics, or my Supervisor, any portion directly relating to my safety that I don't understand. I further agree not to commence any work with radioactive material until I fully understand the procedures to follow and the precautions to take.

I acknowledge that I have been informed in writing that I have been classified as a Nuclear Energy Worker (NEW), that I have been informed of the dose limits resulting from this classification and I understand my responsibilities during an emergency, along with the risks associated with radiation to which I may be exposed during the control of an emergency.

I acknowledge that I have been provided with written information regarding the risks associated with ionizing radiation, including the risks associated with exposure of embryos and fetuses to radiation and the risks to breastfed infants from the intake of nuclear substances.

I am aware of the importance for NEWs to inform the Health Physics Department, in writing, should they become aware that they are pregnant or breastfeeding. I have been informed of the rights of a pregnant or breastfeeding NEW, along with the dose limits for pregnant NEWs under the Radiation Safety Program. Workplace accommodations can only be provided following written declaration of pregnancy or breastfeeding status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date