

### Health Physics Radiation Safety Training Record

<b>Section A: Personal Information</b>			
Last Name:		First Name:	
Work E-mail:		Contact Phone:	
Department:		Supervisor:	
Job Title:	<input type="checkbox"/> Student <input type="checkbox"/> Other: _____		
Work Location <i>*This is the location where you will be working with radiation-emitting devices or radioactive material. Do not list your office.</i>			
Building:		Room:	
Brief Description of Work (Permit and Isotope if known):			
Do you require dosimetry? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete section B.)</i>			
<b>If you will be working with radioactive material, please complete Section C.</b> <b>If you will be working with x-ray devices, please complete Section D.</b>			
<b>Section B: Dosimetry Information</b>			
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:		<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	
<b>Home Address:</b>			
Apartment Number		Street Number:	
Street Name:			
City:		Province:	
Postal Code:			
<b>Personal E-Mail Address:</b>			
The Radiation Protection Regulations requires that we collect the following information: <ul style="list-style-type: none"> <li>• Social Insurance Number</li> <li>• Birthdate</li> <li>• Gender</li> <li>• Province/Country of Birth</li> </ul> For your privacy and confidentiality, contact Health Physics at 905-525-9140 extension 24226 or 26721 to provide this information directly. <b><u>Do not provide this information via email.</u></b>			

**Section C: Nuclear Energy Worker (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:

Current Year (mSv)	Last Year (mSv)	2 Years Ago (mSv)	3 Years Ago (mSv)	4 Years Ago (mSv)

Locations at which the occupational dose above was received:

**Note:** You are responsible for 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**

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.

Name:		Date:	
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Signature:	
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**Training Dates (to be completed by Health Physics)**

Initial Training Session:	Date:
HPT-001 Initial Training Radiation Safety Training	
HPT-202 Handling Radioactive Material in a Basic/Intermediate Laboratory Training	
MNR-101 Radiation Safety Training at MNR	

**Section D: X-Ray User Applicant**

**Acknowledgement of X-Ray User Registration**

I understand that a condition of being granted permission to work with x-ray systems is that I undertake to become informed of the potential hazards, the proper procedures, and the basic elements of radiation safety.

I have completed the Health Physics Authorized X-ray User Training and have been provided training material appropriate for my work. I will 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 do not understand. I further agree not to commence any work with x-ray systems until I fully understand the procedures to follow and the precautions to take.

Name:

Date:

Signature:

***Training Dates (to be completed by Health Physics)***

Initial Training Session:

Date:

XR-101 Authorized X-Ray User Training