Agricultural Research Service
Radiation Worker Registration Form

United States Department of Agriculture
Office of Homeland Security and Emergency Coordination
Radiation Safety Division

General Information: A Radiation Worker Information form must be completed by each individual who is planning to possess or use radioactive materials or operate xray producing equipment.

Name of Permit Holder: _____ Date of Application: _____

User Information:

Name: _____ Job Title: _____

Date of Birth: _____

Mgmt. Unit/Lab Name: _____

Address: _____

Work Telephone Number: _____ Work Email Address: _____

Education: Indicate the highest educational level attained by checking the appropriate box.

☐ High School Diploma ☐ Some College ☐ Bachelor's Degree ☐ Graduate School

☐ Master's Degree ☐ Doctoral Degree ☐ Medical Degree

Indicate your major field(s) of study: _____

In the spaces below, include an estimate of the number of classroom hours of formal training in each area and the facility where training was obtained.

Principles of Radiation Protection: _____

Characteristics of Ionizing Radiation: _____

Radiation Detection Instrumentation: _____

Units of Radiation Dose and Quantities: _____

Biological Hazards of Exposure to Radiation:: _____

Hands On Use of Radioactive Materials: _____

In this space, list any classes, courses, or on-the-job training you have received relevant to radioactive materials use, radiation emitting equipment use, or radiation safety practices. Include the sponsor, location, class dates, and the duration. Attach or include a copy of any training certificate, if available.

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Signature of Applicant

Signature: _____ Date: _____

Certification by Permit Holder
By signing below, I request that the individual named above be added to my Radiation Use Permit as an Associate User and I certify that the individual is under my direct technical supervision in accordance with the ARS Supervisory Controls Criteria.

Signature: _____ Date: _____

Location Radiation Protection Officer:
I have reviewed the application, the facilities, and equipment described therein and they appear adequate to ensure the safe use of radiation sources. I have discussed our local radiation use, emergency response, and waste disposal requirements with the applicant.

Signature: _____ Date: _____

Research Leader:
I have reviewed this application for the use of radiation sources. I will ensure that recommendations made by the LRPO or RSD to ensure or improve compliance with USDA radiation safety program requirements are implemented in a timely manner. When the permitted materials are no longer needed for research, the applicant or LRPO for the location will contact the USDA Radiation Safety Division for specific disposal and permit termination instructions.

Signature: _____ Date: _____

Area Director or Designee (such as ASHM) **:**

Signature: _____ Date: _____

Title: _____

After you have completed this form, email it to the USDA Radiation Safety Division; maureen.davis@dm.usda.gov.