

UNIVERSITY OF MARYLAND  
RADIATION SAFETY OFFICE

TRAINING AND EXPERIENCE FORM FOR USERS OF RADIATION PRODUCING  
DEVICES

(PRINT OR TYPE ALL INFORMATION)

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Radiation Safety Training is mandatory for all personnel using radiation-producing devices. **This form is a request by the Principal Investigator (PI) for unsupervised use of radiation producing devices such as X-ray devices and accelerators,** by the individual whose name appears at the top of the form. The information on this form is reviewed by the Radiation Safety Officer (RSO) and the members of the Radiation Safety Committee (RSC) for purposes of acting on such a request.

Incomplete forms shall be returned to the PI for further information. This form must be filled out by the Individual User (not the PI), signed by the Individual User and the PI and sent to the Radiation Safety Office for action. A response will be sent, in a timely manner, from the RSO to the PI regarding this request.

**\*\*\* The information requested on this form is based on Radiation Protection Training that you have learned in both the classroom and on the Job. \*\*\***

**Radiation Measurements**

Amount of Radiation Safety Training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs  
Amount of on-the-job training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs

Briefly state how measurements were made:

**Monitoring techniques**

Amount of Radiation Safety Training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs  
Amount of on-the-job training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs

Describe techniques utilized:

**Principles of Radiation Protection**

Amount of Radiation Safety Training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs  
Amount of on-the-job training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs

What are the important principles of radiation protection:

**Instrumentation**

Amount of Radiation Safety Training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs  
Amount of on-the-job training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs

List the type of instruments:

**Biological Effects**

Amount of Radiation Safety Training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs  
Amount of on-the-job training time \_\_\_\_\_ hrs and/or \_\_\_\_\_ yrs

What are the biological effects of radiation:

List all places where you have received **classroom** training in Radiation Protection and check those for which you have provided documentation. **Note** (documentation in the form of a certificate, letter or copy of a training card must be provided for at least one of the places listed below for this request to be considered)

<u>Location of Classroom Training</u>	<u>Documentation Attached</u> (check)
1. _____	
2. _____	
3. _____	
4. _____	

List all **experience** in the use of x-ray devices, **complete** each column for the device listed:

<u>Type of Device</u>	<u>Energy Output</u>	<u>Type of Use</u>	<u>Inclusive Dates</u>
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**Individual** completing form:

_____	_____	_____
Print Name	Signature	Date

**Principal User** requesting Authorized User Status for Individual:

_____	_____	_____
Print Name	Signature	Date

**Receipt of Radiation Safety Manual and Supplement to Radiation  
Safety Plan for Radiation Producing Equipment**

These manuals constitute the UM Radiation Protection Program and with additional procedures and directives are guides to the regulatory requirements governing the use of radioactive materials and radiation producing devices at the University of Maryland Campus and satellite facilities. All personnel using radiation-producing devices are expected to be familiar with and abide by the requirements. As part of the request to become an Authorized User all individuals must sign and date this receipt and return it with the attached Training and Experience Form.

I have read and I understand the contents of the UM Radiation Safety Manual and Supplement. I agree to adhere to all rules and requirements contained in the said Manuals, which govern the safe use of radiation producing devices at UM Campus and Satellite Facilities.

Date

Print Name

Signature