STATEMENT OF TRAINING AND EXPERIENCE (X-ray Device User)

Print Name: _____ Permit Supervisor: _____

Date of Birth (MM/DD/YYYY): _____

University Address: _____ University Phone: _____

Gender: [ ] Male [ ] Female Email Address: _____

Check One: [ ] FACULTY [ ] STAFF [ ] GRADUATE STUDENT [ ] POST DOC [ ] UNDERGRADUATE STUDENT

I plan to use (check all that apply): [ ] xray diffraction or fluorescence equipment
[ ] other xray producing equipment (specify: _____)

A. Have you ever received **formal training** in the following topics? Check YES or NO below.
[Radiation Safety Courses at other institutions and lectures on the topics as part of college level coursework (for example- Physics, Biology, Chemistry, etc.) would be considered formal training.]

Principles and Practices of Radiation Protection	[ ] YES	[ ] NO
Radioactivity measurement, monitoring techniques, and instruments	[ ] YES	[ ] NO
Mathematics and calculations basic to the use and measurement of radioactivity	[ ] YES	[ ] NO
Biological effects of radiation	[ ] YES	[ ] NO

If you circled YES for any of the above, complete the section below.

Name of the course/lecture	Location where training was received

B. If you ever operated xray producing equipment before and thereby received **on the job training** in the above topics, complete the table below--

Type of xray producing equipment used	Maximum kVp used	Location where xray producing equipment was used	Length of time equipment was used (years)	Experimental procedure(s) performed with xray equipment

C. Are you **currently** issued radiation dosimeters (badges) at an institution other than the University of Delaware?
Check One: [ ] YES [ ] NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

D. Have you ever **previously** been issued radiation dosimeters (badges) at an institution other than the University of Delaware?
Check One: [ ] YES [ ] NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

E. I authorize the University of Delaware to request and receive all past radiation exposure history records from prior employers, including universities and other radiation work locations.

Signature _____ Today's Date: _____

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FOR OCCUPATIONAL HEALTH AND SAFETY USE ONLY: revised 03/05

Participant No.	Date Started	User Status	Series Code	Permit No	Training Date