



Radiation Safety  
 100 Oak Creek Building, Corvallis, Oregon 97331-7404  
 T 541-737-2227 | F 541-737-9090 | <http://oregonstate.edu/ehs/rso>

Instructions: Send completed form to Radiation Safety, 100 Oak Creek Building, for approval.

**PROVISIONAL USE AGREEMENT FOR NEW RADIATION WORKER**

Please add (name) \_\_\_\_\_ to my Radiation Use Authorization as of (date) \_\_\_\_\_. I will ensure: that this individual has read the Isotope Orientation for New Users Reading Material before beginning work with radioisotopes; that this individual will attend a radiation safety orientation seminar within two months; and that this individual will not work with radioisotopes before attending the seminar except when an approved radiation worker listed on my RUA is present and has agreed to oversee the radiation safety aspects of the individual's activities.

The written training material is located on the web at:

<http://oregonstate.edu/ehs/rso/training>

\_\_\_\_\_  
 Program Director (printed)

\_\_\_\_\_  
 Signature (Program Director or Lab Contact)

\_\_\_\_\_  
 Department

The following dosimeters will be required as of (date) \_\_\_\_\_

TLD body badge

TLD finger rings Size: **S M L**

I have read the Isotope Orientation for New Users Reading Material. I will attend a radiation safety orientation seminar within two months. I will not work with radioisotopes before attending the seminar except when there is an approved radiation worker present who has agreed to oversee the radiation safety aspects of my activities.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 email address

\_\_\_\_\_  
 Identification Number

\_\_\_\_\_  
 Birthdate

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 \*\*\* For Radiation Safety Office Use Only \*\*\*

Date received at RSO \_\_\_\_\_  
 \_\_\_\_\_

Date entered in EHSA

Reviewed by (RSO representative) \_\_\_\_\_