SEALED SOURCE ORIENTATION ACKNOWLEDGEMENT
(Complete and email, mail or fax to Radiation Safety)

I hereby acknowledge that I have received training in the safe use of sealed sources of radioactive material. The training topics included nature of ionizing radiation, radiation units, biological effects of ionizing radiation, radiation protection techniques, and applicable radiation regulations.

PRIOR DOSE STATEMENT

I hereby certify that, to the best of my knowledge, my total occupational radiation dose from sources other than at Oregon State University facilities is:

☐ None. (I have received no prior occupational dose)
☐ I have been monitored for radiation dose at another place of employment in the past. I have listed the name and address of the employer and dates of employment on the back of this form.
☐ I am currently being monitored for radiation dose at another place of employment. I have listed the name and address of the employer on the back of this form.
☐ I have received occupational radiation dose during the current calendar year (_______) as follows:
  ☐ January 1 - March 31  ☐ April 1 - June 30  ☐ July 1 - September 30  ☐ October 1 - December 31

Signature ___________________________ Printed name (Last, First, Middle) ___________________________ Date _____________

_________________________________________ ___________________________ Male  Female
Email Address ___________________________ ID Number (OSU ID - do NOT use SSN)

Program Director ___________________________

Radiation Safety Office use only

☐ This individual is not likely to receive exposures requiring monitoring per OAR 333-120-210; records of prior occupational dose are not required.
☐ This individual is likely to receive exposures requiring monitoring per OAR 333-120-210; records of prior occupational dose are required (see attached).

Dosimeters needed: ___________ Ring size: _____ Reviewed by ___________________________

Radiation Safety representative ___________ Date ___________