To complete the Sealed Source Users training, answer the 10 questions on the Exam below, read and complete the personnel information on the Acknowledgement Statement at the end, and fax or mail both to Radiation Safety:

Radiation Safety
127 Oak Creek Building
Oregon State University
Corvallis, OR  97331-5904

541-737-2227 phone
541-737-9090 fax

BEGIN EXAM

CIRCLE CORRECT ANSWER:

1. A quantity of radioactivity is measured in units of:
   a. Curie, milliCurie, microCurie
   b. Becquerel (Bq)
   c. rem
   d. a and b
   e. none of the above

2. Exposure to ionizing radiation is measured in units of:
   a. Curie (Ci), milliCurie (mCi), microCurie(µCi)
   b. Becquerel (Bq)
   c. rem or mrem
   d. a and b
   e. none of the above

3. Disposal or transfer of sealed sources (General and Specific licensed material) requires:
   a. Current leak test before disposing in normal trash or transferring to new user
   b. Contacting Radiation Safety before source is transferred or disposed
   c. Transfer to Property Management for surplus at auction

4. True or False - The greatest risk of exposure to ionizing radiation from low energy beta emitting isotopes (such as Ni^{63}) is from internal exposure caused by a leaking source.
5. Authorized radioactive material users are responsible for all of the following activities, except:
   a. Security of radiation sources
   b. Ensuring authorized locations and equipment are properly posted with "Caution Radioactive Material" signs
   c. Diagnosis of radiation biological symptoms

6. Which of the following regulates work with radioactive materials at OSU?
   a. State of Oregon Rules for the Control of Radiation
   b. The OSU Radiation Safety Manual
   c. Conditions listed on the Radiation Use Authorization
   d. a and c
   e. a, b and c

7. True or False - Records for leak test for sealed sources must be maintained by Radiation Safety for 5 years, or until inspected by state regulators.

8. True or False - A sealed source is considered leaking when the leak test shows greater than 0.005 microCuries.

9. True or False - The required leak tests can be performed using any properly calibrated radiation detector.

10. Leak testing for most sealed sources (such as $^{63}\text{Ni}$) must be performed:
    a. Once per year
    b. Only when a leaking source is suspected
    c. At intervals not to exceed 6 months

-----------------------------

Grade _____________ % (Passing = 70% Each question = 10%)

I do hereby acknowledge that I have participated in a review of this examination and that I have been given the opportunity to ask questions:

Examinee's Name_________________ Examinee's signature ____________________

Have the Program Director sign as "examiner"; this indicates that the Program Director has proctored the exam and is satisfied that the examinee understands all the information on the exam:

Examiner's (proctor's) signature ___________________ Date ____________________

--------END OF EXAM--------

Complete the attached Orientation Acknowledgment Statement
Orientation Acknowledgement
(Complete and mail or Fax with exam 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.

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 ___________________________ Date __________

Program Director ___________________________ ID Number ___________________________ Date of birth __________

(OSU ID - do NOT use SSN)

Email address ___________________________ ☐ Male ☐ Female

Radiation Safety Office use only

Grade ____________________ %  (Passing Criterion 70% correct response)

☐ 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 __________