



**QUALIFICATIONS OF RADIATION-GENERATING EQUIPMENT USER
UNIVERSITY RADIATION SAFETY OFFICE**

Name:	Dept:
Facility Coordinator:	Faculty Operator:
Phone No.:	E-mail:
Applying for Status of:	<input type="text"/>

Experience with using Radiation-Generating Equipment: Start with the most recent experience.

Institution:	Location:
Types of Radiation Equipment Used:	<input type="text"/>
Period of Time [from/to]:	Duration of Use:

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Period of Time [from/to]:	Duration of Use:

Training or Experience Related to Radiation Sources: List training or education addressing any of the following topics: 1) storage, transfer, or use of sources of radiation in the workplace; 2) the health effects associated with exposure to radiation to the individual and potential offspring, precautions or procedures to minimize exposure, and purposes and functions of protective devices; 3) applicable provisions of Ohio (or other federal/state/institutional) rules and conditions for radiation protection; 4) the individual's responsibility to promptly report any condition that may be, lead to, or cause a violation of Ohio (or other federal/state/institutional) rules or an unnecessary exposure to radiation; 5) appropriate response to unusual events or occurrences or equipment malfunctions; 6) accessibility of radiation dose reports.

Wright State Radiation Safety Training/Date	<input type="text"/>
Institution/Date of Training:	<input type="text"/>
Institution/Date of Training:	<input type="text"/>

I understand that this information is subject to inspection by the Ohio Department of Health. The information will be maintained and used by the Radiation Safety Committee as required by the state regulations. Release of this information for other use requires my written authorization if I am personally identified.

Applicant	Date	Radiation Safety Officer	Date
Facility Coordinator	Date	Chair, Radiation Safety Committee	Date