

**FORM 3**  
 University of California, Davis  
 Environmental Health & Safety, Health Physics

Date Received: \_\_\_\_\_

RUA	Date Added	Date Term.

**RADIATION USE AUTHORIZATION - STATEMENT OF EXPERIENCE**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE (work): \_\_\_\_\_  
 EMPLOYEE / STUDENT ID #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Circle one: Male Female  
 DEPARTMENT: \_\_\_\_\_ RUA # & PI YOU WORK WITH : \_\_\_ Dr. Eric Prebys \_\_\_\_\_  
 STATUS: STUDENT \_\_\_ VISITOR \_\_\_ EMPLOYEE \_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 (UCD email address preferred, if you have one)

**A. PREVIOUS EXPERIENCE**

Have you had previous experience working with ionizing radiation? yes \_\_\_\_\_ no \_\_\_\_\_  
 If yes, then indicate the institution, date(s) and type of work.  
 Institution \_\_\_\_\_ Date \_\_\_\_\_ Type of work \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Institution \_\_\_\_\_ Date \_\_\_\_\_ Type of work \_\_\_\_\_  
 Address: \_\_\_\_\_

**B. PREVIOUS DOSIMETRY ISSUANCE**

Has an institution(s) issued you radiation dosimetry for the **current calendar year**? yes \_\_\_\_\_ no \_\_\_\_\_.  
 If yes, then indicate the institution, address and duration.  
 Institution \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Duration \_\_\_\_\_

Are you presently issued dosimetry at another institution? yes \_\_\_\_\_ no \_\_\_\_\_. It is your responsibility to inform EH&S!  
 Have you ever used a Planned Special Exposure (>5 rem/year)? yes \_\_\_\_\_ no \_\_\_\_\_. If yes, attach statement with details.

**C. PLANNED IONIZING RADIATION WORK**

List radionuclide(s), experimental quantities, and chemical form.  
 Radionuclide \_\_\_\_\_ Quantity \_\_\_\_\_ Form \_\_\_\_\_  
 Radionuclide \_\_\_\_\_ Quantity \_\_\_\_\_ Form \_\_\_\_\_

**D. TRAINING**

Indicate if you have ever received ionizing radiation safety training.  
 UC Davis EH&S radiation class lecture or test? yes \_\_\_\_\_ no \_\_\_\_\_. If yes, approximate date \_\_\_\_\_  
 List any other radiation safety training you have received:  
 Topic \_\_\_\_\_ Location \_\_\_\_\_ Duration (hrs) \_\_\_\_\_  
 I will or have read the appropriate EH&S radiation safety training booklet.  
 I will or have read the Safety Protocol(s) which correspond with my job assignment for RUA \_\_\_\_\_.  
 I have been made aware of the UC Davis Radiation Safety Manual, which contains emergency information.  
 I will follow the safety procedures necessary to work with radioactive material and minimize my exposure to radiation.

I hereby authorize UC Davis, Environmental Health and Safety/Health Physics to obtain information on the nature and amount of occupational radiation exposure that I received in the past.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## UC DAVIS: CROCKER NUCLEAR LABORATORY

Welcome to Crocker Nuclear Laboratory (CNL). To assure the health and safety of you and others please read and sign this document. Understanding the following information is a condition of your use privileges.

CNL is a controlled area. **Access doors must never be propped open.** To gain entry to CNL, ring the doorbell located outside the back door. Equipment delivery is permitted at the roll up door.

Visitors under the age of 18 shall always be in the presence of a CNL employee. No one under the age of 3 is allowed within the restricted area.

Depending on the nature and length of your stay, a radiation dosimeter will be issued. The dosimeter should be worn on the shirt collar or torso for whole body monitoring. A finger ring dosimeter may be issued for extremity assessment.

If you are issued a direct reading dosimeter, it must be returned to the cyclotron operator or dosimetry badge administrator at the end of the work shift. If you are issued a film badge dosimeter, it should be stored on the entrance board when not in use. If for any reason the dosimeter was exposed to excessive radiation, intense heat and/or intense light, notify the badge administrator immediately.

Portable radiation survey meters are available in the control room and at the entrances to the research caves.

Emergency off buttons are located inside each entrance to the north and south cave and at strategic locations within the same areas. Use of the buttons prevents or stops production of the cyclotron beam. During cyclotron operation, an audible device located in the main high bay chimes approximately every three seconds.

Consumption of food and drink at CNL are restricted to the approved clean areas. The clean areas are located at the entrance lobby, the break room in the admin area, or the mezzanine landing area.

Long pants and closed-toed shoes **must** be worn in both irradiation vaults.

Please read the following postings, which are located on the bulletin board near the mailboxes:

- CNL Evacuation Plan.
- CNL Emergency Phone Numbers.
- Handling Requirements for Radioactive Material.

You are also required to read the CNL specific, abbreviated Radiation Safety Manual that was provided with this form. The full version of the CNL site specific Radiation Safety Manual is located in the control room and is available on request, for greater detail.

If you have questions or concerns, do not hesitate to contact the cyclotron operator at (530) 752-4235 or Lina Planutyte, Radiation Safety Officer, at (530) 752-9991, [radsafety@ucdavis.edu](mailto:radsafety@ucdavis.edu). Feedback regarding health and safety is valuable.

I have read and understood the safety information above and in the supplemental material provided. I understand and accept the hazards of working at the lab, including those associated with machine-produced radiation, as discussed in detail in the Radiation Safety Manual.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date