

RADIATION USER PERSONAL DATA

PURPOSE

This procedure specifies the personal data that must be provided by each radiation user, including a summary of training, if applicable, and experience with radiation sources and, if necessary, a form to request radiation exposure from previous employers. The confidentiality of personal data and the right of individuals to review their own records and to obtain written summaries of radiation exposures are also specified.

POLICY

A "**radiation user**" is any individual whose official duties or authorized activities include handling, operating, or working in the presence of, any licensed type of radiation source on a regular basis. As a condition of performing such duties or activities, each radiation user is required to provide certain personal information to the Radiation Safety Officer (RSO). The required information includes (1) primary identification data, e.g. full name, birth date, sex, and social security number and university identification number (UNID) (2) previous experience with radiation sources; and (3) current employment status, including job title or description, department, supervisor, and work location.

Personal records of radiation users also contain tests taken or written exemptions authorized by the RSC or designee to demonstrate knowledge of radiation safety procedures, data obtained from monitoring of external and internal radiation exposures, and reports on any injuries or abnormal incidents related to the use of radiation sources.

Individual radiation user records are treated as confidential and are available only to individuals with a legitimate need for the information. An individual may review the contents of his or her personal radiation user file at any time, and may obtain a summary of his or her radiation monitoring records upon written request to the RSO.

PROCEDURE

Each radiation user shall submit a completed "RADIATION USER PERSONAL DATA" form (RPR 1A) to the RSO before starting work with any licensed radiation sources. If any previous employment, within the current year, required monitoring from exposure to ionizing radiation, a "REQUEST FOR RADIATION EXPOSURE HISTORY" form (RPR 1B) shall also be completed for each employer.

Radiation users with board certification who prescribe, compute, prepare, or deliver radiation doses to humans shall have a copy of their specialty board certificate on file in their departments.

REGULATORY BASIS

The Privacy Act of 1974, as amended.

Utah Division of Radiation Control, *Utah Radiation Control Rules*:

Specific Licenses, R313-22.

Standards for Protection Against Radiation, R313-15.

Notices, Instructions and Reports to Workers by Licensee or Registrants -- Inspections, R313-18.

U.S. Nuclear Regulatory Commission:

Notices, Instructions, and Reports to Workers; Inspections, 10 CFR 19.

Standards for Protection Against Radiation, 10 CFR 20.

Specific Domestic Licenses of Broad Scope for Byproduct Material, 10 CFR 30.

Medical Use of Byproduct Material, 10 CFR 35.

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RPR 1A. RADIATION USER PERSONAL DATA

(Please type or print legibly)

Surname (family or last name): _____

Given names (first and middle or initial): _____

Previous (maiden) or other surnames known by: _____

Social Security # _____ University ID #: _____ Sex: Male Female

Email Address: _____

Institution affiliation, if other than the University of Utah: _____

Birth date: Month _____ Day _____ Year _____ Degrees: _____

Job Title or Duties: _____

Department: _____ Division/Section: _____

Work Location: _____ Phone: _____

Responsible User: _____ RU #: _____ or Supervisor: _____

Date of first radiation use at U of U: _____ Date(s) of University of Utah training: _____

Lifetime Exposure	
Have you ever worn a personnel monitoring device (TLD, Film Badge, Pocket Dosimeter, Electronic Dosimeter)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: What was the first year you wore a personnel monitoring device?	
What is your estimated Lifetime Exposure?	Rem

Current Year Exposure			
Have you ever worn a personnel monitoring device within the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: List all locations where monitoring devices were worn within the current calendar year.			
Location	Date		Exposure (Rem)
	From	To	
What is your estimated current year (TEDE) exposure? (Total from Above)			

If you checked "Yes" for wearing a personnel monitoring device within the current year, complete a "REQUEST FOR RADIATION EXPOSURE HISTORY" (RPR 1B) for each institution or employer.

*All radiation users with board certification who will be responsible for prescribing, computing, preparing, or delivering any kind of radiation doses to **humans**, must have a copy of their specialty board certificate on file in your department.*

I hereby certify that the above information is accurate and complete to the best of my knowledge. I understand that I may communicate directly, in confidence and without prejudice, with the Radiation Safety Officer, the Utah Division of Radiation Control or the U.S. Nuclear Regulatory Commission on any matter concerning radiation protection.

Signature: _____ **Date:** _____

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RPR 1B. REQUEST FOR RADIATION EXPOSURE HISTORY

(Please type or print legibly)

Organization: _____
Previous employer or institution where radiation exposure monitoring was required.

Address: _____

Attention: _____
Radiation Safety Officer, Supervisor, or Dosimetry Department.

To whom it may concern:

Under the provisions of the U.S. Nuclear Regulatory Commission "Rules and Regulations," Title 10, Part 20.2104, "Determination of Prior Occupational Dose" and the Utah Division of Radiation Control, we request a report of radiation history for the following individual.

Surname: _____ Given names: _____

Previous (maiden) or other surnames known by: _____

Birth date: Month: _____ Day: _____ Year: _____

Inclusive dates of work with radiation -- From: _____ To: _____

Please send the requested information to:

Radiation Safety Officer
Radiological Health Department
75 S 2000 E, RM 322
University of Utah
Salt Lake City, UT 84112

I hereby authorize and request that any person/employer having knowledge of my occupational radiation exposure, release that information as requested above. A photocopy of this page, including my signature, is to be treated the same as an original.

Signature: _____ **Date:** _____

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RPR 1C. USER TERMINATION CHECK LIST

Name: _____ Date _____

Expected Termination Date _____

Mailing Address:(where you want your final Dose Record sent)

(Please check)

Did you remember to turn in your Badge(s)?: Yes _____ No _____. If yes, where did you return your badge(s)?: **Your Dept. Contact:** _____ **Hospital Drop Box:** _____
Other: _____

If you are an R.U., did you contact your analyst and complete the R.U. Termination Check List?:
(Please Check) Yes: _____ No: _____ N/A _____:

RU: _____ Completed By: _____

PLEASE SEND TO:

UNIVERSITY OF UTAH
RADIOLOGICAL HEALTH DEPT
75 S 2000 E, RM 322
SALT LAKE CITY, UT 84112

TO BE COMPLETED BY RADIOLOGICAL HEALTH OFFICE

R.U.: _____ GROUP NO _____
SERIES CODE: _____ PART NO.: _____ BADGE TYPE: _____

DATE LAST DOSIMETER WAS SENT IN: _____

	Yes	No	Initials	Date
Terminated in Database	Yes	No	_____	_____
Terminated in Landauer III?	Yes	No	_____	_____
R.U. Check List completed?	N/A Yes	No	_____	_____
Copy of final Form 5 included?	Yes	No	_____	_____
Relocate to Termination File?	Yes	No	_____	_____

Completed by: _____ Date: _____

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