

RPR 1

RADIATION USER PERSONAL DATA

PURPOSE

To ensure regulatory compliance, personal data shall be provided by each user of radiation generating machines and/or radioactive material. This data includes personal information, personal data, University job duties, and radiation exposure from previous employers. All radiation user records are confidential and are only available to individuals with a lawful and legitimate need. Any individual may request to review the contents of their file, in a reasonable and timely manner, and may obtain a printed summary of their radiation dose monitoring record upon written request to the Radiation Safety Officer (RSO).

Before receiving authorization to use radioactive material and/or radiation generating machines, a group or individual must first demonstrate a proper and legitimate need. A "cost vs. benefit" analysis should be performed showing that the benefits of using the material and/or machine outweigh the risks involved.

POLICY

A "radiation user" is an individual who has official duties or who performs authorized activities, which include using, operating, or working, on a regular basis, in the presence of any licensable radiation generating machine and/or radioactive material. Conditional to performing such duties or activities, each radiation user shall provide certain personal information to the RSO. The submission of personal data does not preclude fulfilling other requirements, such as documented training, before being allowed to use radiation generating machines and/or radioactive material.

Information required includes:

1. Primary identification data, such as full name, birth date, gender, e-mail, telephone number and University Identification number.
2. Current employment data, including job title, department, work location, supervisor name, and Responsible User (RU) name and RU number.
3. Per R313-15-205, data necessary to determine any occupational radiation dose received during the current calendar year.

Records of radiation users may also contain:

1. Copies of exams, certifications, diplomas, etc. which demonstrate knowledge of radiation safety principles.
2. Written exemptions authorized by the Radiation Safety Committee or designee.
3. Data obtained from monitoring of external and internal radiation exposures.
4. Reports on any injuries or abnormal incidents related to the use of radiation generating machines and/or radioactive material.
5. Miscellaneous audits, reports, data, etc. relevant to radiation safety.

Radiation users shall submit a completed "RADIATION USER PERSONAL DATA" form (RPR 1A) to the RSO before using any radiation generating machine and/or radioactive material. If, during the current calendar year, the users radiation dose was monitored at any other institution or place of employment, then a "REQUEST FOR RADIATION EXPOSURE HISTORY" form (RPR 1B) shall also be completed and submitted.

Board certified radiation users who prescribe, compute, prepare, or deliver radiation doses to human beings shall have a copy of their specialty board certificate on file in their departments.

REFERENCES

The Privacy Act of 1974, as amended

State of Utah Department of Environmental Quality, Division of Radiation Control, Utah Radiation Control Rules (R313)

Utah Radioactive Material License UT1800001

RPR 1A. RADIATION USER PERSONAL DATA

Interactive Form - Please Complete, Print, and Sign. For help, hover mouse over selection.

Last Name: _____ First Name: _____ M.I.: _____ Gender: Male Female

Previous (maiden) or other surnames: _____ Birth Date: Month: Day: Year:

University ID#: _____ E-mail Address: _____

Institution / Employer Affiliation: _____

Job Title: _____ Credentials:

Department: _____ Division / Section: _____

Work Location: Building: _____ Room: _____ Phone: _____

Responsible User: RU#: _____ Supervisor: _____

Will you be using radioactive material?: Yes No

Isotopes: _____ Add to List:

Will you be using a radiation generating machine?: Yes No

All: Cabinet: Accessible Open Beam: Fluoroscopy: Diagnostic: Therapy:

Have you worn a personnel radiation monitoring device this **current** calendar year? () Yes No

Location 1 (Institution or Employer): _____

Date From: _____ Date To: _____ Exposure (REM): _____

Location 2 (Institution or Employer): _____

Date From: _____ Date To: _____ Exposure (REM): _____

Location 3 (Institution or Employer): _____

Date From: _____ Date To: _____ Exposure (REM): _____

You must complete a "REQUEST FOR RADIATION EXPOSURE HISTORY" (Form RPR1B) for each Institution / Employer listed above.

I understand that all radiation users who will be responsible for prescribing, computing, preparing or delivering any radiation doses to human beings, must have a copy of their specialty board certificate on file in their 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 safety.

Signature: _____

Date:

RPR 1C. DOSIMETRY USER TERMINATION CHECKLIST

Interactive Form - Please Complete, Print, and Send. For help, hover mouse over selection.

Name: _____ uNID: _____ Date:

Anticipated Termination Date: _____

E-mail: _____ Telephone: _____

Mailing Address Where You Want Your Final Dose Record Report Sent:

Address: _____

City: _____ State: Zip Code: _____

BE SURE TO TURN IN ALL DOSIMETRY BADGES

PLEASE SEND TO:

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

TO BE COMPLETED BY RADIOLOGICAL HEALTH DEPARTMENT

RU Name: _____ Permit #: _____

Series Code: _____ Part #: _____ Badge Type: _____

Date Last Dosimeter Received: _____

		Initials	Date
Database Entry Terminated:	<input type="checkbox"/>	_____	_____
Landauer Entry Terminated:	<input type="checkbox"/>	_____	_____
Copy of Final "Form 5" Mailed:	<input type="checkbox"/>	_____	_____
Relocated to Termination File:	<input type="checkbox"/>	_____	_____

Completed By: _____ Date: _____