

FORM 3A

University of California, Davis
Environmental Health & Safety, Health Physics

Date Received: _____

Table with 3 columns: MUA, Date Added, Date Term. It contains three empty rows for data entry.

MACHINE USE AUTHORIZATION - STATEMENT OF EXPERIENCE

FIRST NAME: _____ LAST NAME: _____ PHONE (work): _____
LAST 5 DIGITS SOC SEC #: _____ DATE OF BIRTH: _____ Circle one: Male Female
DEPARTMENT: _____ MUA # & PI YOU WORK WITH : _____
STATUS: STUDENT _____ VISITOR _____ EMPLOYEE _____ E-MAIL ADDRESS: _____

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 types of radiation-producing machines you anticipate working with.

Equipment: _____ Equipment: _____ Equipment: _____

If this equipment will be used on humans, attach a copy of your Certificate or Permit from the State of California to this form.

D. TRAINING

Indicate if you have ever received ionizing radiation safety training.

UC Davis EH&S x-ray safety 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 MUA _____.

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 radiation producing machines 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 _____