

**INITIAL RADIATION SAFETY TRAINING
DOSIMETER APPLICATION**

Please Print Clearly:

Date: _____

Name: _____ UNI/NYPH-ID: _____
(LAST) (FIRST)

Department: _____ Dept. Address: _____

Check Affiliation: CUMC NYPH NYSPI Morningside Nevis/Lamont Lasker

Occupation: Principal Investigator Physician Nurse/Tech Student/Volunteer Other

Your Tel. No.: _____ Date of Birth: ____/____/____

Current E-mail Address: _____ Gender: Male Female

Supervisor or PI: _____ Dept. Ext.: _____
(FULL NAME)

Sources of radiation you will be working with: (Please CHECK)

X-Ray Fluoroscopy CT Radioactive Materials (RAM) Irradiators Other _____

Are you a Physician *initiating* X-Rays during *Fluoroscopy*? Yes No

***Mandatory RASCAL Online course is required for all Physicians working with Fluoroscopy*
(<https://www.rascal.columbia.edu/>)**

Sources of *radioactive materials* you will be working with (specify): _____

Will you be working with 10 mCi or more of P32? Yes No

Will you inject humans with radioactive Isotopes? Yes No

Have you ever worn a Personal Monitoring Dosimetry Badge at Columbia University, Columbia University Medical Center, Morningside, New York-Presbyterian Hospital, Yes No and/or New York State Psychiatric Institute?

Have you worn a Personal Monitoring Dosimetry Badge with another institution? Yes No

*If you answered **YES**, please complete and sign our **Previous Exposure Release Form**
(<http://ehs.columbia.edu/PreviousRadiationExposureReleaseForm.pdf>)

STATEMENT OF AGREEMENT

This is to certify that I have attended a Radiation Safety Lecture for instruction in the techniques and hazards of working with radioactive materials and/or radiation producing devices or have completed a Rascal online post-test.

Date: _____ Signature: _____

All employees attending this training must take the quiz below **OR**
Log on to RASCAL (www.rascal.columbia.edu) to complete their Radiation Safety Training Post-Test
and email the certificate to badges@columbia.edu

POST LECTURE QUIZ

True **False** (Please CHECK)

- 1. There are potential health effects associated with excessive radiation exposure.
- 2. Everyone is exposed to some level of naturally occurring radiation.
- 3. Workers should always keep their exposure to radiation as low as reasonably achievable.
- 4. Radioactive material is used in various departments or labs.
- 5. Workers must wear their radiation dosimeters when on duty but they may not take their dosimeter out of the facility.
- 6. Declared pregnant workers have special rules with regard to their exposure to radiation.
- 7. Workers must wear disposable gloves when handling radioactive material.
- 8. Workers may not eat or drink in areas where radioactive material is used.
- 9. The telephone number for the Radiation Safety Office is (212) 305-0303.
- 10. The Radiation Safety Officer is responsible for the safe use of radiation at Columbia University Medical Center and New York Presbyterian Hospital.

As an occupationally exposed individual, you are advised that:

- You have a right to request a report about your exposure to radiation.
- Your dosimeter must be worn only during work hours.
- Your dosimeter must not be taken to other places of employment.
- The dosimeter must be worn on the body or extremity as directed by the RSO.
- A lost dosimeter must be reported to Radiation Safety immediately.
- Damage to a dosimeter must be reported to Radiation Safety immediately.
- Your dosimeter must not be intentionally damaged, destroyed or exposed to high heat or humidity for extended periods of time.
- Your dosimeter must be returned at the end of the monitoring period.

(FOR OFFICE USE ONLY)

PERMANENT BADGE

ACCOUNT NUMBER: _____ SERIES: _____

PARTICIPANT NUMBER: _____ DATE ISSUED/MAILED: _____

Chest Badge (Pa) **Collar Badge (Pa)** **Ring (U)** **Fetal Badge**

COMMENTS: _____

Entered in Landauer
 Entered in SHED