

RADIATION SAFETY TRAINING REQUEST

RETURN TO: **RADIATION SAFETY**
radsafe@okstate.edu OR
211 Scott Hall

OFFICE USE ONLY:

Entered By: _____ Training Date: _____
M/LST Training Date: _____ Email Sent: _____

FULL NAME (*first, middle, last*): _____

DATE: _____

- MALE
- FEMALE

CAMPUS WIDE ID (CWID): _____ DATE OF BIRTH: _____

LAB OR OFFICE PHONE: _____ HOME PHONE: _____

CAMPUS E-MAIL ADDRESS: _____

DEPARTMENT: _____

PLEASE LIST THE ISOTOPE(S) AND/OR X-RAY MACHINES YOU WILL BE USING:

Please check which of the following training module(s) you will need to take (ask your PI if you are unsure):

- Radioactive Materials – Sealed Sources Training
- Radioactive Materials – Unsealed Sources Training
- X-ray Machine Training

The person in charge of the RAM lab and/or X-ray instrument you will use is the permit holder. This form will not be processed without the permit holder's signature or email authorization.

AUTHORIZED USER/PERMIT HOLDER (PRINT): _____

AUTHORIZED USER/PERMIT HOLDER (SIGN): _____

If submitting electronically, this form must either be signed by the RAM/X-ray Permit Holder or come from his/her e-mail account. If submitting a printed copy via campus mail, the Permit Holder's signature is required.

THERE IS A SEPARATE FORM REQUIRED FOR ISSUING DOSIMETERS. IF YOUR WORK REQUIRES YOU TO WEAR DOSIMETERS PLEASE FILL OUT THE **BADGE REQUEST FORM** (SEE THE FORMS PAGE ON THE RADIATION SAFETY OFFICE WEBSITE) AND SUBMIT IT TO OUR OFFICE ONCE YOU'VE COMPLETED YOUR TRAINING.

ALLOW 2-3 DAYS FOR PROCESSING AFTER RECEIPT OF THIS FORM. ONCE PROCESSED, AN EMAIL WILL BE SENT TO YOU CONTAINING YOUR TRAINING REQUIREMENTS AND DUE DATES, AS WELL AS INSTRUCTIONS FOR LOGGING INTO THE SYSTEM.

**PLEASE DIRECT ANY QUESTIONS TO THE RADIATION SAFETY OFFICE STAFF AT
744-7890**