

## Radioactive Material User Authorization

### PLEASE COMPLETE THE FOLLOWING SECTIONS

<b>RAM user name (print)</b>	<b>Phone No.</b>	<b>Department</b>

#### 1. Radioactive material (RAM) safety training

I have attended RAM safety training provided by Environmental Health & Safety? Y\_\_\_ N\_\_\_

- a. I have been given access to the Brown University *Radiation Safety Manual* and the *Rhode Island Code of Regulations, Title 216, Chapter 40, Subchapter 20* and I understand Brown's authorized conditions of use.
- b. I recognize the precautions necessary to minimize my exposure to ionizing radiation.
- c. [Female radiation worker] I understand that I can choose to declare my pregnancy to my supervisor.
- d. I have been instructed by the laboratory supervisor, or designate, in the safe use (ordering, handling, disposal and emergency procedures) of RAM that I will use in the laboratory.
- e. I understand that it is my responsibility to report conditions that could lead to unnecessary radiation exposure; and any event or unusual occurrence involving unsealed or sealed radioactive material.

<b>RAM user (signature)</b>	<b>Brown ID#</b>	<b>Date</b>

#### 2. Working with radiation at another organization

For the current calendar year, have you been issued a radiation dosimeter at another organization? Y\_\_\_ N\_\_\_

(If yes, fill out the information below telling us about the organization that issued you the badge/dosimeter).

<b>Organization</b>	<b>Contact person</b>	<b>Phone No. or Email of contact</b>

#### 3. Approval by the laboratory supervisor (e.g. principal investigator)

I acknowledge that the above individual was instructed on the following (before using RAM independently):

- The approved protocol(s) (use, storage, disposal and contamination monitoring) specific to the laboratory;
- The policy and procedure for the ordering and unpacking of RAM specific to the laboratory; and
- Requirements of the lab (i.e. protective eyewear, lab coats, no open toe shoes and no eating and drinking, etc.).

<b>RAM Laboratory Supervisor (name)</b>	<b>RAM Laboratory Supervisor (signature)</b>	<b>Date</b>
<b>Comments/Restrictions:</b>		

**Please return form to: Brown University, Office of Environmental Health & Safety, Box 1914, Providence**

If you have a question or concern, contact EHS at (401)863-3353 or visit 118 Waterman Street, level two.

EHS Use Only Review and Accept
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