

Form B

Radiation Worker Registration Form

Note: This form must be sent to the Office of Radiological Safety prior to beginning work with radioactive materials (RAM) or radiation generating equipment to make it possible to keep adequate records of radiation workers. A copy will be returned to the Authorized User to be filed in the Laboratory Radiation Safety Notebook.

1. GT ID:	903218215
GT Account Username:	ybai70
Last Name:	Bai
First Name:	Yatong
Date of Birth:	08/31/1998
Sex:	Male
Email:	baiyt98@gmail.com
Cell Phone:	4047903545
Lab Phone:	4043856804
GT Address:	801 Atlantic Dr, Room 021A
GT City:	Atlanta
GT State:	GA
GT Zip:	30318
Permanent Address:	1750 Commerce Dr NW
Permanent City:	Atlanta
Permanent State:	GA
Permanent Zip:	30318
I will be using:	C-arm (X-ray generator)
2. Laboratory: Building/Room/Department:	College of Computing; Department of BME; Room 021A
3. Employment/Position:	Undergrad Student
Research Advisor:	Jaydev P. Desai
4. Principal Duties as a radiation worker will be:	Assistant in the room with the C-arm but not operating it.

I have read and understand the Laboratory Radiation Safety notebook that includes the Georgia Tech Radiation Safety Policy Manual, Procedure 9501 regarding radioactive materials or Procedure 9502 regarding radiation generating devices, Procedure 9303 for handling radioactive spills, and acknowledge the special instructions concerning pregnant radiation workers. I agree to adhere to these policies and procedures. I assume responsibility for the safe use of radioactive materials or radiation generating devices.

Signature (Radiation Worker)_____
Date_____
Signature (Authorized User)_____
Date_____
Print Name (Authorized User)

For Office of Radiological Safety Use Only

Personnel Monitoring:	None_____	Film Badge_____	Extremity_____	Badge ID_____
Exposure Within 1 Year:	Letter(s) sent to Prev. Employer(s)_____	GA Tech_____	None_____	
Training:	RAM_____	X-Ray_____	Date Attended Lecture_____	

ORS Signature: _____ **Date:** _____

Copy of Form B sent to AU by: _____ **Date:** _____