

## X-Ray Worker Registration Form

BADGE NUMBER: \_\_\_\_\_  
SERIES CODE: \_\_\_\_\_  
TERMINATION DATE: \_\_\_\_\_

X-Ray Registration #: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
RPP STAFF: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
LAST NAME: \_\_\_\_\_

### SECTION I. Information (to be completed by X-Ray Worker)

Last, First Name		Date of Birth	
MIT email		MIT ID #	
Job Title	Phone #	X-ray Location: Bldg./Room	
X-Ray Department/Lab/Center			
X-Ray Lab Supervisor	Last, First Name		
Give a brief description of proposed work with x-ray or other radiation producing machines.			

### SECTION II. Previous experience with radiation (to be completed by Radiation Worker)

Do you have previous experience with ionizing radiation?

☐ YES    ☐ NO

If yes, have you received greater than 100 millirem in this calendar year from occupational exposure to radiation?

☐ YES    ☐ NO

If yes, please provide a brief description previous experience along with the name & address of employer (Note: This information is required for workers monitored for occupational dose during the current year):

I have attended the EHS X-Ray Safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures and this training. I agree to comply with 1) all applicable rules and regulations governing the safe use of x-ray machines and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section III. RADIATION PROTECTION REVIEW (to be completed by RPP staff)

RPP Signature _____ Date _____	<b>External Radiation Monitoring</b> <input type="checkbox"/> Required by 105 CMR 120.226 <input type="checkbox"/> Convenience Badging <input type="checkbox"/> None required/requested
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