

Department of Physics

Undergraduate Final-Year Projects

Registration form for work with ionising radiation

Surname:

Other names:

University number:

Project supervisor:

Equipment to be used:

I understand the rules for the use of sources of ionising radiation and agree to abide by them. I will only use the equipment specified above, and understand that to use any further equipment, even of the same type, requires specific approval from the Departmental Radiation Protection Supervisor. I further acknowledge that I am aware that any breach of these Regulations may result in permission to use sources of ionising radiations being withdrawn.

Signed:

Date:

Once you have signed this form, arrange to take it to Dr Jonathan Duffy, who will arrange and check your training. Only once this is complete, and the form signed below, may you commence work.

I certify that the above named person will work only in an open or supervised area on the equipment detailed above.

Signed:

Group Radiation Protection Supervisor

Date

I hereby state that in my opinion that above named person is capable of handling the sources of ionising radiation named above in a responsible manner and that he/she has been trained in their proper use.

Signed:

Departmental Radiation Protection Supervisor

Date

