

RPR 1 – Radiation Worker Information Form

Last name: _____ First name: _____ M.I: _____

Permanent Address: _____

Birth date (MM/DD/YYYY): _____ Sex: _____ E-mail: _____

Employer: _____ Employer ID: _____

Job Title: _____ Phone number: _____

Are you a visitor? Y / N

If Yes, Start Date: _____ est. End Date: _____

If No, Name of Instructor/Authorized User: _____ Dept: _____

Which ISU facility will you be working at (circle one): IAC Reactor Campus CAES Other

If Other, please specify: _____

Have you completed the online Radiation Safety Training provided by ISU? Y / N

Have you had previous work experience involving occupational radiation exposure? Y / N

If you are pregnant you have the right to declare pregnancy in accordance with 10 CFR 20.1208 and the ISU Radiation Safety Manual and may do so by completing a [Declaration of Pregnancy Letter](#). Further information may be found in [Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure](#).

Upon signing this form I indicate the above information is accurate and complete. I understand that I may communicate directly, in confidence and without prejudice, with the Radiation Safety Officer of the U.S. Nuclear Regulatory Commission on any matter concerning radiation exposure.

Signature: _____

Date: _____

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This part is to be completed by the Radiation Safety Office

Reason for Dosimeter: _____

Type of Whole-Body OSL Issued: _____

Wear Location: _____

Badge Name: SPARE _____

Bar Code Number: _____

Extremity dosimeter issued? _____ SPARE _____ Barcode No. _____

Date of Issue: _____

The following topics have been discussed with the requesting individual:

- 1) Type(s) of dosimeter assigned
- 2) Proper placement of dosimeter on the body
- 3) Proper storage of dosimeter when not in use
- 4) How and when dose information is reported
- 5) How to request dose information
- 6) How to report a medical radionuclide administration
- 7) How to declare pregnancy
- 8) How to report a lost dosimeter

Signed: _____

Date: _____
