

TRAINING AND EXPERIENCE IN RADIATION WORK

RSO Form 20 (11/91)

AUR _____ BLDG _____ COM _____
TREQ _____ ROOM _____ BIOSY _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Name First _____ Last _____

Birth Date _____ Sex: M F Soc Sec # _____

UW Title/Position _____ Phone _____

Department _____ Mail Stop _____

2. Principal Investigator (Whom labs are assigned to) _____

Supervisor _____

3. Did you take the UW's Radiation Safety Training Course? Date _____
(If not, please complete the following.)

Do you have other Formal Training in Radiation Safety? (Explain)

a) Principles and Practices of Radiation Protection:

Where _____ When _____

Instructor _____ Duration _____

b) Radioactivity Measurement Standardization and Monitoring Techniques and Instruments:

Where _____ When _____

Instructor _____ Duration _____

c) Mathematics and Calculation of Radioactivity:

Where _____ When _____

Instructor _____ Duration _____

d) Biological Effects of Radiation:

Where _____ When _____

Instructor _____ Duration _____

4. Radiation Work (Describe briefly your current work with radiation)

5. Education (List Degrees, Major Subject, Emphasis, Date, and School)

6. Experience (List work experience with radiation)

Date Used	Location	Isotope	mCi/Month	Type of Research
-----------	----------	---------	-----------	------------------

On-The-Job Training

This information is correct to the best of my knowledge. I agree to conform with the Rules and Regulations for Radiation Protection WAC-402 and UW Radiation Safety policies.

Signature _____

Date _____

(Print Name) First _____

Last _____