



# Environmental Health & Safety

## STATEMENT OF TRAINING AND EXPERIENCE FOR PRINCIPAL INVESTIGATOR/SUPERVISOR APPLYING FOR A NEW RADIATION USE AUTHORIZATION (RUA)

Please complete and return this form with your Application for Radiation Use Authorization (RUA) form to [llopez@fullerton.edu](mailto:llopez@fullerton.edu) or sign and date a hard copy and send to the EHS office via campus mail. This form is required by the California Department of Health Services and the campus Radiation Safety Committee as part of the approval process for your new RUA. Do not use this form if you will be working under the supervision of another Principal Investigator/Supervisor.

### 1. IDENTIFICATION OF PRINCIPAL INVESTIGATOR/SUPERVISOR:

Full Name:

\_\_\_\_\_ *Last*

\_\_\_\_\_ *First*

\_\_\_\_\_ *Middle*

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Extension: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

To be included on License No.: 1349-30

In name of CSU Fullerton

### 2. DESCRIPTION OF PROPOSED USE:

### 3. MOST CURRENT EDUCATION LEVEL ACHIEVED:

University/College: \_\_\_\_\_

Attended: \_\_\_\_\_

\_\_\_\_\_ *From*

\_\_\_\_\_ *To*

Degree(s): \_\_\_\_\_

Major(s): \_\_\_\_\_

Check Radiation Dosimetry Use:  Badges: Film/TLD/Luxel  Bioassays: Urine analyses/thyroid counts/etc.

Describe experience with radioactive materials and/or radiation-producing machines:

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<b>4. SECOND MOST CURRENT EDUCATION LEVEL ACHIEVED (if applicable):</b>	
University/College: _____	Attended: _____ <i>From</i> _____ <i>To</i> _____
Degree(s): _____	Major(s): _____
Check Radiation Dosimetry Use: <input type="checkbox"/> Badges: Film/TLD/Luxel <input type="checkbox"/> Bioassays: Urine analyses/thyroid counts/etc.	
Describe experience with radioactive materials and/or radiation-producing machines:	

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THE RADIATION SAFETY OFFICER FROM THE RADIATION SAFETY DIVISION WILL CONDUCT A RADIATION SAFETY ORIENTATION AS PART OF THE RUA APPROVAL PROCESS. I UNDERSTAND THAT I MUST COMPLETE APPROPRIATE TRAINING: **RADIATION TRAINING ONLINE PARTS A & B, AND AN IN-PERSON RADIATION SAFETY WORKSHOP.**

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<b>5. AFFIRMATION OF LABORATORY/INDUSTRIAL EXPERIENCE WITH IONIZING RADIATION/ X-RAYS:</b>	
If none, check here: <input type="checkbox"/>	
I affirm that I have completed extensive practical work experience with radioactive materials and/or radiation-producing machines during my education as listed above and at the following institutions/locations:	
Employer: _____	Title: _____
Department: _____	City: _____ State: _____
Total Years: _____	
<i>From</i> _____	<i>To</i> _____
Check Radiation Dosimetry Use: <input type="checkbox"/> Badges: Film/TLD/Luxel <input type="checkbox"/> Bioassays: Urine analyses/thyroid counts/etc.	
Describe experience with radioactive materials and/or radiation-producing machines:	

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**6. AFFIRMATION OF LABORATORY/INDUSTRIAL EXPERIENCE WITH IONIZING RADIATION/X-RAYS (additional):**

I affirm that I have completed extensive practical work experience with radioactive materials and/or radiation-producing machines during my education as listed above and at the following institutions/locations:

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Total Years:** \_\_\_\_\_

*From* \_\_\_\_\_ *To* \_\_\_\_\_

**Check Radiation Dosimetry Use:**     Badges: Film/TLD/Luxel     Bioassays: Urine analyses/thyroid counts/etc.

**Describe experience with radioactive materials and/or radiation-producing machines:**

**7. RADIOACTIVE MATERIALS PREVIOUSLY USED: If none, check here:**

Radionuclides	Quantity, mCi	Radionuclides	Quantity, mCi	Radionuclides	Quantity, mCi
<input type="checkbox"/> <sup>3</sup> H		<input type="checkbox"/> <sup>51</sup> Cr		<input type="checkbox"/> <sup>131</sup> I	
<input type="checkbox"/> <sup>14</sup> C		<input type="checkbox"/> <sup>60</sup> Co		<input type="checkbox"/> <sup>137</sup> Cs	
<input type="checkbox"/> <sup>18</sup> F		<input type="checkbox"/> <sup>64</sup> Cu		<input type="checkbox"/> U/Th	
<input type="checkbox"/> <sup>22</sup> Na		<input type="checkbox"/> <sup>67</sup> Cu		<input type="checkbox"/>	
<input type="checkbox"/> <sup>32</sup> P		<input type="checkbox"/> <sup>59</sup> Fe		<input type="checkbox"/>	
<input type="checkbox"/> <sup>35</sup> S		<input type="checkbox"/> <sup>86</sup> Rb		<input type="checkbox"/> Large Gamma Irradiators	
<input type="checkbox"/> <sup>45</sup> Ca		<input type="checkbox"/> <sup>125</sup> I		<input type="checkbox"/> Sealed Sources	

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8. RADIATION-PRODUCING MACHINES PREVIOUSLY USED: If none, check here: <input type="checkbox"/>			
<input type="checkbox"/>	Nuclear Reactor	<input type="checkbox"/>	Therapeutic X-Ray Equipment
<input type="checkbox"/>	Cyclotron	<input type="checkbox"/>	Analytical X-Ray Equipment
<input type="checkbox"/>	Accelerator 10 MeV or more	<input type="checkbox"/>	Cabinet X-Ray Equipment
<input type="checkbox"/>	Accelerator under 10 MeV	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Neutron Generator	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Diagnostic X-Ray Equipment	<input type="checkbox"/>	Other:

9. ADDITIONAL COMMENTS:

10. CERTIFICATION:
I hereby certify that all of the information contained in this Statement of Training and Experience form is true and correct to the best of my knowledge.
<b>Principal Investigator/Supervisor:</b> _____
Print <span style="margin-left: 200px;">Signature</span> <span style="margin-left: 200px;">Date</span>

**\*\*RETURN ORIGINAL COMPLETED FORM TO THE OFFICE OF ENVIRONMENTAL HEALTH & SAFETY\*\***