



Environmental Health & Safety

STATEMENT OF TRAINING AND EXPERIENCE FOR PRINCIPAL INVESTIGATOR/SUPERVISOR APPLYING FOR A NEW RADIATION USE AUTHORIZATION (RUA) – X-RAYS

Please complete and return this form with your Application for Radiation Use Authorization (RUA) form to 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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| 4. SECOND MOST CURRENT EDUCATION LEVEL ACHIEVED (if applicable): | |
| 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. <input type="checkbox"/> | |
| Describe experience with radioactive materials and/or radiation-producing machines: | |
| | |

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.

| | |
|--|-----------------------------|
| 5. AFFIRMATION OF LABORATORY/INDUSTRIAL EXPERIENCE WITH IONIZING RADIATION/ X-RAYS: | |
| 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: _____ |
| From _____ | To _____ Total Years: _____ |
| Check Radiation Dosimetry Use: <input type="checkbox"/> Badges: Film/TLD/Luxel <input type="checkbox"/> Bioassays: Urine analyses/thyroid counts/etc. <input type="checkbox"/> | |
| 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"/> ³ H | | <input type="checkbox"/> ⁵¹ Cr | | <input type="checkbox"/> ¹³¹ I | |
| <input type="checkbox"/> ¹⁴ C | | <input type="checkbox"/> ⁶⁰ Co | | <input type="checkbox"/> ¹³⁷ Cs | |
| <input type="checkbox"/> ¹⁸ F | | <input type="checkbox"/> ⁶⁴ Cu | | <input type="checkbox"/> U/Th | |
| <input type="checkbox"/> ²² Na | | <input type="checkbox"/> ⁶⁷ Cu | | <input type="checkbox"/> | |
| <input type="checkbox"/> ³² P | | <input type="checkbox"/> ⁵⁹ Fe | | <input type="checkbox"/> | |
| <input type="checkbox"/> ³⁵ S | | <input type="checkbox"/> ⁸⁶ Rb | | <input type="checkbox"/> Large Gamma Irradiators | |
| <input type="checkbox"/> ⁴⁵ Ca | | <input type="checkbox"/> ¹²⁵ 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. |
| Principal Investigator/Supervisor: _____ |
| <div style="display: flex; justify-content: space-between;"> Print Signature Date </div> |

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



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 Fullerton, CA 92831

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