

NORTH DAKOTA STATE UNIVERSITY



STATEMENT OF TRAINING AND EXPERIENCE

1. Name: _____ 2. Social Security # _____

3. Department: _____ 4. Status: (staff, technician, grad. student)

4. Birth Date: _____

6. Education (circle as appropriate)

High School _____ University _____ Degrees Earned
1 / 2 / 3 / 4 / _____ 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / _____ BS / MS / PhD / MD /

7. Education major or specialty: _____

8. Type of Training (Check yes or no).

NDSU Radiation Safety Short Course Yes No

Formal Course pertaining to Radiation Yes No

9. Formal Courses (If you checked yes, complete this item, listing all courses pertaining to the use of radiation or radioactive materials).

Title of Course	Where Completed	Duration	Date
A.			
B.			
C.			

10. Experience with Radiation (actual use of X-ray equipment, irradiators, electron microscopes, neutron gauges, isotopes, etc.).

Equipment and/or Radioisotope Used	Maximum kvp or Amount in Millicuries	Where Used	Duration of Use (weeks)	Type of Use

11. Experience with Radiation Detection Instrumentation

Name or Type of Instrument	Use (monitoring, measuring, survey)

12. Remarks: (State additional information which will assist the Committee in evaluating your qualifications to use radioisotopes or other sources of ionizing radiation).

13. Signature of user: _____ 14. Date: _____

Date approved: _____ Status: (full/technician) Level _____

STATEMENT OF AGREEMENT

I, _____, herein signify that I have read (*Radiation Safety Handbook*) and am willing to abide by the regulations of North Dakota State University governing the use of radioisotopes on this campus and, in further compliance with University regulations, agree to wear a film badge or other suitable monitoring device during all periods when using beta emitters with energies of 1 MeV or greater and at all times when gamma emitters are in use. I also agree to comply strictly with all rules and regulations issued governing the use of radioisotopes and hereby waive any right of recourse against the University for any damages whatsoever resulting from any failure on my part to fully conform with said rules and regulations.

Date: _____

Signature: _____

Title: _____

Department: _____

Note: This form, Statement of Agreement, is to be filed only upon initial request for radioisotope usage of North Dakota State University.

Trg&exp.for October 17, 2003

North Dakota State University does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, Vietnam Era Veterans status, sexual orientation, marital status, or public assistance status. Direct inquiries to the Executive Director and Chief Diversity Officer, 202 Old Main, (701) 231-7708.