

MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENT HEALTH AND SAFETY  
RADIATION PROTECTION PROGRAM

X-RAY WORKER REGISTRATION FORM

BADGE NUMBER: \_\_\_\_\_  
SERIES CODE: \_\_\_\_\_  
TERMINATION DATE: \_\_\_\_\_

AUTHORIZATION #: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
RPP STAFF: \_\_\_\_\_

FOR OFFICE USE ONLY  
LAST NAME: \_\_\_\_\_

SECTION I

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Print) Last First Middle Initial
2. Kerberos ID: \_\_\_\_\_ MIT ID #: \_\_\_\_\_  
(MIT email)
3. Date of Birth: \_\_\_\_\_
4. Office or Lab Room #: \_\_\_\_\_ Phone #: \_\_\_\_\_
5. Department / Lab: \_\_\_\_\_
6. Location of x-ray machine to be used: \_\_\_\_\_
7. Supervisor of lab where x-ray machine is located: \_\_\_\_\_

PREVIOUS EXPERIENCE WITH RADIATION

Have you had previous experience working with radioactive material or other ionizing radiation sources?

Yes  No

If yes, have you received greater than 100 millirem in this calendar year from occupational exposures to radiation?

Yes  No

I have received and read the *Analytical X-ray Equipment Safety Program*. I have attended the Radiation Protection Program x-ray safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1.) all applicable rules and regulations governing the safe use of x-ray machines and 2.) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SECTION II      TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Type of Interview:     Radioisotope     X-Ray     Reactor     Accelerator     Fusion

Instruction Material(s) Supplied:             RPP Required Procedures     Reactor RPP Manual

Other \_\_\_\_\_.

Authorization No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Terminated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Reactivated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**External Radiation Monitoring:**

- Required by 105 CMR 120.226
- Required by License Conditions
- Requested by user/convenience badging
- None Required or Requested

Body     Wrist     Finger

**Internal Radiation Monitoring:**

- Required by 105 CMR 120.226
- Required by License Conditions
- Requested by user/convenience monitoring
- None Required or Requested

Urinalysis: Radionuclides \_\_\_\_\_  
 Whole Body     Thyroid

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date

Summary of annual dose report required per 105 CMR 120.754

Prior dose history required by 105 CMR 120.215 {Fill out Form RP-59}

Prior dose history request sent by: \_\_\_\_\_  
(Name) (Date)