# Ionising radiation visiting workers registration form (Form 2)

This form, together with a *Radiation Workers Training Record (Form 3)* must be completed by the department and approved by the University Ionising Radiation Protection Officer (UIRPO) BEFORE work starts. No work can begin until suitable training has been given.

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| **Visiting Workers Name:** |  |
| **Normal place of work:** |  |
| **Address:** |  |
| **RPS Contact name:** |  |
| **UofE Scheme of work:** |  |
| **Scheme supervisor:** |  |
| **Date of arrival (dd/mm/yyyy):** |  |
| **Proposed Leaving Date\*:** |  |
| **Actual leaving date:** |  |
| *\*Maximum 8 weeks. May only be extended following review and approval by DIRPS, who must notify the UIRPO if an extension is approved.*  **Declaration by Visiting Worker**  I confirm that I have read and understood the University of Essex Local rules for use of ionising radiation and the Departmental safety procedures relevant to my work and agree to abide by them.  I confirm that the arrangements for the accumulation and disposal of radioisotopes have been explained to me by the Scheme Supervisor, and that I will maintain the records to the satisfaction of the Departmental Ionising Radiation Protection Supervisor (DIRPS) and University Ionising Radiation Protection Officer (UIRPO)    I will not deviate from the agreed Scheme of Work without the approval in writing of the Scheme Supervisor  I **am\*/am not\*** a radiation worker at my normal place of work. **(\*Strike out as applicable)**  I confirm that the personal data supplied by me on this form is accurate to the best of my knowledge and I agree to the University of Essex processing the data for the purposes of ensuring and monitoring health and safety. (See data protection statement below). | |
| Worker’s signature:  Date:(dd/mm/yyyy) | |
| Completed Radiation Workers Training Record (Form 3) Attached?  **Yes / No** | |
| **Declaration by Supervisor:** I would confirm that in my professional opinion the above Worker is competent and has sufficient knowledge to use the radioisotopes detailed on the above Scheme of Work. | |
| Supervisor’s signature:  Date: (dd/mm/yyyy) | |
| DIRPS’ signature:  Date: (dd/mm/yyyy) | |
| Approved by UIRPO: I agree that the above visiting worker can carry out radiation work in accordance with the above scheme of work.  UIRPA’ signature  Date: (dd/mm/yyyy) | |
| Badge required?  Yes / No  If Yes, date issued:  Copy to OH (date): | |

Copies of completed form to be kept by the Department, UIRPO, and Occupational Health (OH).

***Data Protection Act 2018***

*The University of Essex is registered under the terms of the Data Protection Act 1998 to enable it to hold and process personal data for the purposes of ensuring and monitoring health and safety at the University. The data supplied on this form will be kept secure and accurate and will only be disclosed to people who need to know in accordance with the University’s registration under the Act.*