# Radiation workers registration form (Form 1)

|  |  |
| --- | --- |
| **Last (family) name:** |  |
| **First (given) name:** |  |
| **Title (Mr/Mrs/Miss/Dr etc):**  |  |
| **Date of Birth:****(dd/mm/yyyy)** |  |
| **Male or female:** |  |
| **Department:** |  |
| **Position:** |  |
| **Address(es) of establishments holding any previous radiation records (please include name of contact person)** |  |
| **Approved scheme number:**  |  |
| **Type of hazards:** |  |
| **Have you been informed about potential risks to an unborn child associated with the above scheme of work? (Applies to women only)**  | **Yes/ No / NA** |
| **Supervisor Name:** |  |
| **Position:** |  |

## STATEMENT BY RADIATION WORKER

|  |  |
| --- | --- |
| **Approved scheme number:**  |  |
| **Type of hazards:** |  |
| **Have you been informed about potential risks to an unborn child associated with the above scheme of work?** (Applies to women only) | **Yes/ No / NA** |
| **Supervisor Name:** |  |
| **Position:** |  |

# STATEMENT BY RADIATION WORKER

1. I recognise that I have a duty to protect myself and others from any hazard arising from my work and that I must not expose myself or others to ionising radiations to a greater extent than is reasonably necessary for the purpose of my work.
2. I confirm that I have read the University’s *Local rules for use of ionising radiation* and agree to abide by them and others that may be made from time to time.
3. I have undertaken training to the necessary standard, as detailed on my completed *Radiation workers training record* (Form 3) (attached).
4. I confirm that I know the essential features and risks of the approved scheme (above) which have been explained to me by my Supervisor, and I know where to obtain and I am familiar with the following:
5. The written scheme of work and radiation risk assessment (Form 4);
* the room log book;
* monitoring equipment;
* emergency procedures;
1. For women: I understand that if I become pregnant, it is highly advised that I should inform my supervisor as soon as possible, so that appropriate protective measures can be implemented.
2. 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.

*NB: 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 have a need to know in accordance with the University’s registration under the Act.*

|  |  |
| --- | --- |
| **Workers Signature:** |  |
| **Date:**(dd/mm/yyyy) |  |

**Note: You must not start work until the Departmental Ionising Radiation Protection Supervisor (DIRPS) has been informed by the UIRPO that you may work with Radioactive Substances.**

## STATEMENT BY DEPARTMENTAL IONISING RADIATION PROTECTION SUPERVISOR

|  |  |
| --- | --- |
| **Completed Radiation Workers Training Record (Form 3) Attached?** | **Yes / No** |
| **I am satisfied that the radiation worker has demonstrated competency required to work with radiation in accordance with the above scheme.** |
| **Signed (DIRPS):****Date:****(dd/mm/yyyy)** |

On completion, this form should be returned to the UIRPO (Workplace Health, Safety and Wellbeing (WHSW), Room 4SB.5.4), along with *Radiation workers training record* (Form 3). The UIRPO will pass a copy to the University’s Professional Lead for Occupational Health.

## UNIVERSITY IONISING RADIATION PROTECTION OFFICER AUTHORISATION

|  |  |  |
| --- | --- | --- |
| **Badge required:** |  | **Y / N** |
| **Date issued:** |  |  |
| **Extremity badge required:** |  | **Y / N** |
| **Date issued:** |  |  |
| **Signed (UIRPO):** |  |
| **Date:** |  |
| **Copy passed to Professional Lead for Occupation Health (Date):** |  |