Form: RAD-B

STATEMENT OF TRAINING AND EXPERIENCE
Using Radioactive Materials and Radiation-Producing Machines

Instructions: As part of the application process, a completed “Statement of Training and Experience” must be submitted to the Radiation Safety Officer for each “Responsible Person” proposing to use radioactive materials or radiation-producing machines. A “Responsible Person” is the full-time faculty or staff member who will be the official Holder of the Radiation Use Authorization (RUA).

All individuals authorized to use radioactive materials or devices emitting ionizing radiation must attend a one-hour general radiation safety training course given by the Radiation Safety Officer. Any additional training required depends on the type and amount of materials to be used and the individual’s current level of training and experience.

TO BE INCLUDED ON CA LICENSE NO. 0084-90 IN THE NAME OF SAN FRANCISCO STATE UNIVERSITY

1. Name of applicant
   
   First Name  MI  Last Name  SFSU ID No.

   Department  Position*  Office Telephone #  E-mail Address  Appointment Duration
   
   * Faculty; Visiting Scientist; Staff; Post-Doc; Student

2. Description of proposed use
   a. What sources will you use here?  
      ☐ Unsealed radionuclides  ☐ Sealed radioactive sources
      ☐ X-ray Diffraction/Fluoroscopy  ☐ Cabinet X-ray  ☐ Medical X-ray
   b. Briefly describe

3. Previous training or education
   a. College or University  ☐ YES  ☐ NO
   
   Name of College or University  Dates  Course of Study  Degree Earned  Ionizing Radiation Work?
   
   ☐ YES  ☐ NO

   b. Training specifically applicable to the use of radioactive materials or devices. (i.e., classes in health physics, radiation safety)

4. Describe your experience with radioactive sources or radiation-producing devices.
   a. Briefly describe your experience with the materials/equipment/procedures you have listed above.
b. List your experience with using radioactive materials or radiation-producing devices starting with the most recent.

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<thead>
<tr>
<th>#1</th>
<th>From:</th>
<th>To:</th>
<th>Title and duties</th>
</tr>
</thead>
</table>

**Employer:**

**Address:**

Radiation devices used:  
- ☐ XRD  ☐ Cabinet x-ray  
- ☐ XRF  ☐ Medical x-ray  
- ☐ Other

Radionuclides used | Quantity Used (Activity) | Length of Experience
---|---|---

<table>
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<tr>
<th>Types of facilities have experience in</th>
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**Employer:**

**Address:**

Radiation devices used:  
- ☐ XRD  ☐ Cabinet x-ray  
- ☐ XRF  ☐ Medical x-ray  
- ☐ Other

Radionuclides used | Quantity Used (Activity) | Length of Experience
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**Employer:**

**Address:**

Radiation devices used:  
- ☐ XRD  ☐ Cabinet x-ray  
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- ☐ Other

Radionuclides used | Quantity Used (Activity) | Length of Experience
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I hereby certify that all information contained in this Statement is true and correct:

Signature of Applicant __________________________ Date: ____________

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