

Ionising Radiations - Users Registration Form

1. Personal Details

Name and title:

Status:

Department:

Departmental workers reference number:

Section (where appropriate):

Research Supervisor/PI/Line Manager:

Radiation Protection Supervisor:

Application to work with: Open Sources ☐ Closed Sources ☐

Ionising Radiation Generating Machines or Irradiators ☐

Place(s) where work will be carried out:

2. Details of Open Source Work

Outline descriptions of techniques to be used:

1.

2.

3.

Number	Radionuclide to be used	Quantity per experiment	Frequency of experiments
1			
2			
3			

Estimated monthly use of radionuclide from above:

Types of waste generated: water miscible ☐ dry solid ☐ Other ☐
clinical/requiring incineration ☐ organic ☐ *Please specify:*
gaseous release ☐ scintillation ☐

Will you require radionuclides to be specifically ordered for this work? Yes ☐ No ☐

State which risk assessments apply for the above techniques (i.e. Departmental reference numbers):

3. Details of work with closed sources or machines

Closed sources:

Machines:

State which risk assessments apply for each of the above techniques:

4. Experience and Training – all users

User's previous practical experience in the use of ionising radiations.....

Details of instruction and training received in the use of ionising radiations:

1. Training at other institutions prior to joining University of Cambridge?.....
2. October course for newly registered students: Y/N Date:.....
3. University Safety Office, New User Course: Y/N Date:.....(Attach copy of certificate)
4. Departmental Induction Check List completed? Date:.....(Attach signed copy of check list)
5. Departmental Skills Questionnaire successfully completed? Date:.....
6. Refresher or re-training carried out Date:.....

Additional training required before undertaking above work:

Will you be working in an area of a building under the day to day control of an employer other than the University of Cambridge: for example, Addenbrooke's Hospital NHS Trust or the MRC Y/N

If so, provide details of the training and supervision to be provided by that employer on behalf of the University:

Please provide a clear reference to the risk assessment provided by that employer for the work with ionising radiations that you will carry out. If this assessment is not available, or appears to be incorrect or out of date, you will need to carry out a prior risk assessment or ensure that one is carried out, before you start work in the area:

5. Declaration

I have considered using alternative techniques, but the use of ionising radiations is essential for my work. I will also ensure that all radiation exposures to myself and to any other person are restricted as far as is reasonably practicable.

If using radioactive substances, I will acquire or purchase the smallest amounts compatible with my project.

If using radioactive substances, I will use the least radio-toxic nuclide compatible with the work.

I understand that I must comply with my Department's policy to use Best Available Technique to minimise the amount of radioactive waste generated, and also minimise the effect on individuals or the environment from the disposal of such waste.

I have read and agree to abide by the Local Rule relevant to the area in which I will work with ionising radiations.

I have read and understand the conditions set out in the Schedules appended to the Permits issued to the University under the Environmental Permitting Regulations 2016 (EPR16). (The Permits are available and on display in this Department).

I have read and understood the risk assessments for techniques that I shall be using. I agree to obtain authorisation from the RPS before using techniques not listed above.

If I am a female employee, I have been informed of the risks that ionising radiations may present to the foetus and to a nursing infant, and, if/when those situations apply to me, I should inform the employer (Department) in writing, as soon as possible.

Signature of user: Date

Signature of Research Supervisor/Line Manager: Date

Signature of RPS: Date

- A Copy of this fully completed form to be retained by the worker, the RPS and the Research Supervisor/PI or Line Manager.
- Review this form annually for relevance, and also when work changes or new work planned