

PERSONAL DATA FORM
(Supplementary Information Documenting Experience Working with Radioisotopes)

INSTRUCTIONS: This form needs to be completed only once for radioactive materials licensing and will be kept on file in the UAB Radiation Safety Division. Please type or print the requested information and send the original and one copy to the Radiation Safety Division, Occupational Health and Safety Department. Make one copy for your files also.

1. Name _____ Date _____
2. Position _____
3. Department _____ Extension _____
4. Campus Mailing Address _____
5. Have you been licensed previously for the use of radioisotopes at any facility? Yes___ No___

A. If you answered yes, complete the following:

Facility	Dates	Isotope	Chemical Form	Possession Limits

B. If you answered no, give your experience with radioisotopes by completing the following:

Facility	Isotope	Chemical Form	Amount Used

6. Describe the duties relating to your past use of, or studies with, radioisotopes.

7. Give the name(s) of one or more persons who can be contacted concerning your previous radioisotope experience or licensure.

8. Have radiation exposure records been maintained for you at other facilities? Yes ___ No ___ If yes, list each facility and give the dates of the monitoring period. Also, please provide any former names under which your exposure records were maintained.

9. List formal training received in either a radiation safety course or a radioisotope techniques course.

Course Title	Institution	Date	Certification (Yes/No)

Certificate

I, the undersigned, certify that the information provided here, including that in any attached supplements, is true and complete to the best of my knowledge.

Person Named in Item 1 (type or print)

Date: _____

Person Named in Item 1 (signature)