

User Identification and Campus Address

Name (last, first): _____

OSU Name.#: _____ Classification (staff, faculty): _____

OSU e-mail: _____ Date of Birth: _____

College & Department: _____

Room & Building: _____

Office Phone: _____ Lab Phone: _____

2 Do you plan to use radioactive material? YES NO

Training and Experience

The Ohio State University's On-Line Radiation Safety Short Course Date of Completion: _____

Other Applicable Training

Type of training	Where Trained	When	What Kind of Training Number of Hours
Radiation Protection			
Radiation Physics			
Radiation Biology			
Mathematics & Calculations basic to radionuclide use			

Previous Radionuclide Handling Experience

Radionuclide	Activity	Type of Use (RIA, Iodination, DNA Sequencing)

Approved Supervisor (please check)

I assume complete responsibility for the above named individual as a worker in my lab.

I certify that I have read OAC chapter 3701:1-38 and the *Radiation Safety Standards for The Ohio State University*.

I certify that if in the future the above named individual will use radioactive material in my lab, the person will complete the **Initial In-Lab** training and the **RS-6** form will be forwarded to Radiation Safety before use of RAM.

Approved Supervisor's Name (Please Print)

Approved Supervisor's Signature

Date Signed

Approved Supervisor — Faculty member with University Radiation Safety Committee Approval