

MM/YY: _____
G1: _____
G8: _____
U3: _____
U3: S M L

**University of Arkansas for Medical Sciences
Department of Occupational Health and Safety**
4301 West Markham Street - Slot 617
Little Rock, Arkansas 72205
Radiation Worker Registration Form

In order to complete your occupational radiation exposure history and to comply with RH-1500(d)(1) of the "Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation" we must request the following information about workers who are occupationally exposed to ionizing radiation. This information is protected from public disclosure under RH-1500(f)(4).

I. Radiation Worker Identification Information

Name: _____
(Last) (First) (M.I.) (Maiden)

Social Security # _____ Supervisor's Name _____

Birth Date: _____ Sex: ___ Dept. at UAMS: _____ **Badge Series:** _____

Employment Status: [] Permanent [] Student [] Temporary (< 6 mos.)

Room No.: _____ Extension No.: _____ Mail Slot: _____

UAMS Account Number for Film Badge Charges: _____

Type of radiation work you anticipate here at UAMS (X-ray, Radioisotope handling): _____

II. Radiation Exposure Information

Are you currently employed at another facility where you receive occupational exposure to radiation or radioactive materials? YES NO
(If **yes**, please provide name and address below.)

List all current and previous work locations where you have received radiation exposure or indicate **NOT APPLICABLE**.

| Occupational Exposure History | | | EHS Use Only | | |
|---------------------------------|------------------|-------------------|--------------|-----|-----------|
| Column 1 | Column 2 | Column 3 | | | |
| Employer, Supervisor, & Address | Were you badged? | Dates of Exposure | Dose mRem | R/C | Type Exp. |
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I certify that the exposure history information listed in columns 1, 2, and 3 is correct and complete to the best of my knowledge and belief. I authorize the employers listed above to provide the University of Arkansas for Medical Sciences with a copy of my occupational radiation exposure history.

Signature: _____ Date: _____

(Return this form to EH&S at Slot 617 when completed.)