

RADIATION WORKER STATEMENT

Virginia Commonwealth University

By signing this document, I signify that I understand I am classified as a Radiation Worker at VCU. I have read VCU's *Radiation Safety Guide* which includes policies and procedures, the NRC Regulatory Guide, "Instruction Concerning Risks From Occupational Exposure" and prenatal radiation exposure information and policies. I have completed the Radiation Safety Lab Worker online module and test and have received other instruction and/or training from my supervisor about radiation safety procedures pertaining to the particular protocols with which I am involved.

I understand that it is my responsibility to report unsafe conditions to the Radiation Safety Officer or the Radiation Safety Office. I am aware that I have certain rights as a Radiation Worker, and that a copy of these rights (12 VAC 5-481, Part X) is available for viewing in the Radiation Safety Office.

I have received instruction concerning prenatal radiation exposure and its risks to the embryo/fetus and I have been given the opportunity to read information on prenatal radiation safety in the *Radiation Safety Guide*. I understand that radiation workers have the option of declaring pregnancy or not; however, in order to have occupational dose limits reduced, the Radiation Safety Officer must be notified in writing using the "Declaration of Pregnancy" form in the *Radiation Safety Guide*.

The potential risks involved with being a Radiation Worker have been explained to me and I am aware of my responsibility to help keep my dose and the dose of those who work with me **as low as reasonably achievable (ALARA)** by applying good radiation safety practices.

I understand that it is my responsibility to contact the Radiation Safety Office for the following:

- if contaminated with radioactive material;
- to report unsafe conditions;
- for personnel exposure records and bioassay results;
- for information about State licenses, license conditions and inspection reports;
- if problems are suspected or there are questions about radiation or radioactive materials;

Additional User

Print Name: _____

V number: _____

Signature: _____

Date: _____

Authorized Investigator

Print Name: _____

Phone #: _____

Signature: _____

Box #: _____

RETURN COMPLETED FORM TO BOX 980112