

VANDERBILT UNIVERSITY MEDICAL CENTER/VANDERBILT UNIVERSITY

RESPONSIBILITIES OF BADGED RADIATION WORKERS

(Do not return with badge application – please keep for your record.)

I understand that in conjunction with my application submission for and issuance of a personnel radiation monitoring badge, I will comply with the following:

- Arrange pick up/delivery of my badge for each new cycle with my departmental Badge Representative
- Wear my badge whenever I am working in the vicinity of ionizing radiation or with radioactive material
- Return my old badge at the end of the wear period to my departmental Badge Representative
- Wear my badge according to the appropriate type:



1. Chest Badge – wear between shoulders and waist
If worn with a lead apron, wear this badge outside apron at collar level



2. Collar Badge – wear on collar, outside of lead apron
If worn with a lead apron, wear this badge outside apron at collar level



3. Waist Badge – wear on waist, underneath lead apron
If assigned a collar and waist badge, the waist badge must be worn underneath lead apron



4. Fetal Badge – wear low in center of abdomen, underneath lead apron
The fetal badge will be exchanged monthly, even if your chest badge is exchanged quarterly

Note: Pregnant radiation workers should review the [Declared Pregnant Worker](#) information.

5. Ring Badge – wear on hand, under gloves, facing source of ionizing radiation
- The badge reading is a legal record and must reflect occupational exposure only:
 - Badge shall be worn only by the person to whom it was assigned
 - Badge shall not be tampered with
 - Badge shall not be worn during exposure I receive as a medical patient
 - Badge shall not be worn at institutions outside of Vanderbilt
 - If I lose my badge, I will notify my Badge Representative, who will request a replacement from the Office of Clinical and Research Safety
 - Failure to return my badge when it is due will result in a late fee
 - Examine my personnel dosimetry reports regularly to ensure my readings are ALARA (as low as reasonably achievable)
 - Individual Dose Reports may be accessed online, see [Radiation Safety website](#) for instructions.
 - Know and adhere to Vanderbilt University Medical Center and Vanderbilt University Radiation Safety Policies and any specific radiation safety procedures that are applicable to my work

How to Fill out Radiation Registration Form

A. Radiation Worker Identification Information:

- ✓ VUNet ID:
 - Should be assigned when hired. If not assigned or unknown, leave blank.
- ✓ Email Address:
 - Vanderbilt email only.

B. Radiation Exposure Information:

- ✓ Have you been previously monitored:
 - Check Yes or No. Select Vanderbilt or Other Institution and list most recent Institution first. You will then fill out a dose history release form for each institution previously monitored while working.
- ✓ Xray Location:
 - Location which you were monitored
- ✓ X-ray Types:
 - Examples of X-ray types, Cabinet X-ray, C-arm or Fixed Fluoroscopy, CT, Dental, Diagnostic or General X-ray, Mammography, Micro-CT, PET-CT, X-ray Diffraction, X-ray Irradiator, or others.
- ✓ Radioisotopes:
 - Examples, Tc-99m, I-131, I-123, C-14, P-32, F-18, Ga-68, etc.

C. Departmental Information: To be filled out by Badge Rep ONLY.

D. Responsibilities of Badged Radiation Workers: Please Sign and Date before returning.



VANDERBILT
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VANDERBILT UNIVERSITY MEDICAL CENTER/VANDERBILT UNIVERSITY RADIATION WORKER REGISTRATION FORM

Before working with ionizing radiation sources, a radiation worker must satisfy the training requirements as specified by [Vanderbilt University Medical Center and Vanderbilt University Radiation Safety Policies](#)

Signature Required

A. Radiation Worker Identification Information

Last Name: _____ First: _____ M.I.: _____

Date of Birth: _____ Sex (M/F): _____

Last four digits of your Social Security Number: _____

VUnet ID (leave blank if not yet assigned): _____

Email address: _____

B. Radiation Exposure Information

1. Have you previously been monitored for occupational radiation exposure? Yes No

Vanderbilt

Other; list most recent institution only: _____

Fill out one Dose History Release Letter (located at <https://www.vumc.org/safety/rad>) for each previous non-Vanderbilt institution where you were previously monitored for radiation exposure and submit with this application. ***In order for you to be permitted to work with radiation sources, Vanderbilt is required to have your complete occupational exposure history for the current year.***

2. Sources of radiation you will be exposed to while at Vanderbilt:

X-rays; location: _____

Please indicate type of X-ray device(s): _____

Radioisotopes; which isotopes? _____

3. Will you be exposed to occupational radiation at locations other than at Vanderbilt? Yes No

If yes, please indicate where: _____

C. Departmental Information (To be filled out by Badge Representative only)

Department: _____ Dept. Phone #: _____

Radiation Worker's Job Title/Position: _____

Principal Investigator (research only): _____

* **Badge Representative's Signature:** _____ Series Code: _____

D. Responsibilities of Badged Radiation Workers

I acknowledge that I have read and agree to comply with the instructions as outlined in the "Responsibilities of Badged Radiation Workers" and that, as a radiation worker, I am obligated to know and adhere to the Vanderbilt University Medical Center and Vanderbilt University Radiation Safety Policies.

* **Radiation Worker's Signature:** _____ **Date:** _____