

## 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 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 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 OCRS
  - 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 the VUMC and VU Radiation Safety Manual and any specific radiation safety procedures that are applicable to my work



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### RADIATION WORKER REGISTRATION FORM

*Before working with radiation sources, a radiation worker must satisfy the training requirements as outlined in the [Vanderbilt University Medical Center and Vanderbilt University Radiation Safety Manuals](#).*

**\*Signature required**

#### A. Radiation Worker Identification Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Dominant Hand (R/L): \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

VUnetID: \_\_\_\_\_ Radiation Worker Cell Phone Number: \_\_\_\_\_

Vanderbilt Email address: \_\_\_\_\_

#### B. Radiation Exposure Information

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

Vanderbilt

Other; please list most recent institution: \_\_\_\_\_

Fill out one release letter for each previous non-Vanderbilt institution where you were 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: \_\_\_\_\_

Radioisotopes; which isotopes? \_\_\_\_\_

Will you be handling more than 1mCi of radioactive material at one time? Yes No  
(except  $^3\text{H}$ ,  $^{14}\text{C}$ ,  $^{33}\text{P}$ ,  $^{35}\text{S}$ ,  $^{45}\text{Ca}$ , or  $^{63}\text{Ni}$ )

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

If yes, please indicate where: \_\_\_\_\_

#### C. Departmental Information

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 Manuals.

\* **Radiation Worker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_