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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Ohio State University | | | | **Authorized User Information** | | | | | | | | | | | | | **RS–2** | | | |
| radiation.safety@osu.edu | | | |  | | | | | | | | | | | | | Jan 2016 | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **User Identification and Campus Address** | | | | | | | | | | | | | | | | | | | | |
| **Name** (last, first)**:** | | |  | | | | | | | | | | | | | | | | | |
| **OSU ID:** | | |  | | | | | | Classification (staff, faculty): | | | | | | | | |  | | |
| OSU e-mail: | | |  | | | | | | | | | | Date of Birth: | | | | |  | | |
| College & Department: | | |  | | | | | | | | | | | | | | | | | |
| Room & Building: | | |  | | | | | | | | | | | | | | | | | |
| Office Phone: | | |  | | | | | | Lab Phone: | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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)** | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | |