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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)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **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 |