

**FORM 3A**  
 University of California, Davis  
 Environmental Health & Safety, Health Physics

Date Received: \_\_\_\_\_

MUA	Date Added	Date Term.

**MACHINE USE AUTHORIZATION - STATEMENT OF EXPERIENCE**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE (work): \_\_\_\_\_  
 EMPLOYEE / STUDENT ID #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Circle one: Male Female  
 DEPARTMENT: \_\_\_\_\_ MUA # & PI YOU WORK WITH : \_\_\_\_\_  
 STATUS: STUDENT \_\_\_\_\_ VISITOR \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**A. PREVIOUS EXPERIENCE**

Have you had previous experience working with ionizing radiation? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, then indicate the institution, date(s) and type of work.

Institution \_\_\_\_\_ Date \_\_\_\_\_ Type of work \_\_\_\_\_

Address: \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_ Type of work \_\_\_\_\_

Address: \_\_\_\_\_

**B. PREVIOUS DOSIMETRY ISSUANCE**

Has an institution(s) issued you radiation dosimetry for the **current calendar year**? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, then indicate the institution, address and duration.

Institution \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Duration \_\_\_\_\_

Are you presently issued dosimetry at another institution? yes \_\_\_\_\_ no \_\_\_\_\_ It is your responsibility to inform EH&S!

Have you ever used a Planned Special Exposure (>5 rem/year)? yes \_\_\_\_\_ no \_\_\_\_\_; If yes, attach statement with details.

**C. PLANNED IONIZING RADIATION WORK**

List types of radiation-producing machines you anticipate working with.

Equipment: \_\_\_\_\_ Equipment: \_\_\_\_\_ Equipment: \_\_\_\_\_

If this equipment will be used on humans, attach a copy of your Certificate or Permit from the State of California to this form.

**D. TRAINING**

Indicate if you have ever received ionizing radiation safety training.

UC Davis EH&S x-ray safety class lecture or test? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, approximate date \_\_\_\_\_

List any other radiation safety training you have received:

Topic \_\_\_\_\_ Location \_\_\_\_\_ Duration (hrs) \_\_\_\_\_

I will or have read the appropriate EH&S radiation safety training booklet.

I will or have read the Safety Protocol(s) which correspond with my job assignment for MUA \_\_\_\_\_.

I have been made aware of the UC Davis Radiation Safety Manual, which contains emergency information.

I will follow the safety procedures necessary to work with radiation producing machines and minimize my exposure to radiation.

I hereby authorize UC Davis, Environmental Health and Safety/Health Physics to obtain information on the nature and amount of occupational radiation exposure that I received in the past.

\_\_\_\_\_  
 Signature Date