

Personal Form for a Radiation Worker

Please fill in the form and sign it

1. Personal details:

Surname (Hebrew Lettering): _____ Surname (Latin Lettering): _____ .
First Name _____ Father's Name _____
I. D. No. _____ Year of Birth _____ Gender (circle) M / F
HMO _____ Mobile Telephone No: _____
Internal Telephone No. _____ Home Telephone No. _____
Email Address _____ Signature _____

2. Details regarding the nature of work with radiation

(to be filled in by the Scientific Superior of the Radiation Worker)

Ascribed to the _____ Academic Unit
Estimated date of commencement of work _____
The work with sources of radiation will be carried out in the following laboratories:
Name: _____ No. _____ in Building _____
Worked in the past with sources of radiation (circle) Yes/No
At the following places: _____
From [date] _____ to [date] _____
Function (circle): Bachelors/Masters/Doctorate Degree student, Research Staff, Technical Staff,
Academic Staff, Guest _____
Work with (circle): Open/Closed sources
Work with the following types of radiation (circle): α β γ X-Rays
Work with materials containing the following isotopes (circle): H3 P32 Ca 45 S35
Other (details) _____
Expected frequency of work with radiation sources (circle): Up to 20 Over 30 hours per week
I have notified the Radiation Safety Officer at our Faculty regarding a new radiation worker at my
laboratory.
Name of the Scientific Superior of the radiation worker _____
Signature _____ Date _____

3. For use by RHM (Radiation Hazards Monitoring)

The employee is assigned to the _____ Radiation Unit Unit Code _____

The work will be carried out at the _____ Radiation Unit Unit Code _____

Date of Medical Examination _____ Date of Training _____ Name of the
Trainer _____

Worker classified as a radiation worker (circle): Yes/No

Has no Radiation Tag / Has a Radiation Tag of the following type (circle): **H / A / I / N / Y**

Tag Unit Code _____ Date Tags Ordered _____

Date of commencement of radiation work _____

Date of Termination of Radiation Work _____

Comments _____

Approved by: _____ Signature: _____ Date: _____