

NATIONAL CANCER INSTITUTE AT FREDERICK
X-RAY PROGRAM USER APPLICATION FORM
(Do Not Hand Write This Form)

Privacy Act Notification: Collection of this information is authorized by the Code of Federal Regulations, Title 10, Parts 19 and 20, by the U.S. Nuclear Regulatory Commission Materials license granted to the OTS Contractor at NCI-Frederick. Providing your social security number is voluntary. However, failure to report it may result in your not being permitted to work in areas using radioactive materials. The information is used to track your radiation exposure, use of radioactive materials, and training in radiation safety. Additional disclosures of the information may be made: to Federal and/or State agencies responsible for licenses, inspections or oversight governing the use of radioactive materials or to ensure that safe and healthful work conditions are maintained for employees; to contractors for performance of a task in accordance with the purpose for which the records were collected; to individuals associated with the NCI-Frederick in the performance of their duties associated with the Facility Radiation Safety Office; to the Department of Justice or to a court for litigation purposes when Health and Human Services (HHS) determines that the litigation is likely to affect HHS or any of its components; for an appropriate research purpose as noted in the system notice; and radiation exposure and/or training and experience history may be transferred to a new employer.

TO: RADIATION SAFETY OFFICE

DATE: _____

RADIOLOGICAL PROGRAM NUMBER: _____

Please amend the following applicant to use the x-ray machine(s) under the Radiological Program listed above.

New Applicant: _____
(First) (Middle) (Last) (Employee No.)

Birth Date: _____ Present Position (Title): _____

Location (Building/Room): _____

Employer: Government _____ SAIC _____ Other _____

Have you ever worked with radioactive materials before? (Either here at the NCI-F or another facility): _____ YES _____ NO

I will abide by the operations and emergency procedures for this equipment.

(Applicant's Signature)

(Date)

This person has received training on the operations and emergency procedures for this equipment.

(Principal Investigator's Signature)

(Date)

***PROOF OF TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**

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New Applicant: _____
(First) (Middle) (Last) (Employee No.)

Social Security Number: _____

(Applicant's Signature) (Date)

(This page will be destroyed upon completion of the approval process.)