

**UNIVERSITY OF CALIFORNIA, BERKELEY  
RADIATION USER INFORMATION RECORD**

Instructions:

- Complete Page 1 of this form to be entered in the Radiation Safety Information System database (RSIS) & to be eligible to be added to RUAs at UC Berkeley (need only be done once, unless the information changes).
- Complete Page 2 each time you wish to be added to a specific Radiation Use Authorizations (RUA). You may be added to multiple RUAs held by a PI using one copy of this form. For addition to multiple RUAs held by different PIs, submit additional completed copies of Page 2. You need not re-submit the information on Page 1.
- Please make sure the information is legible!

UID (look up this number at <a href="https://calnet.berkeley.edu/directory/">https://calnet.berkeley.edu/directory/</a> ):	
Preferred title (Dr., Prof. Ms, Mr., or other title; leave blank if prefer no title be used):	
Last name:	
First name:	
Middle:	
Date of birth (mm/dd/yy):	
Department:	
Office location (building, room number)	
Email (necessary for crediting LMS radiation training completion):	
Phone:	

I have reviewed & am familiar with the contents of the UC Berkeley *Radiation Safety Manual* (available at: <http://ehs.berkeley.edu/radsafety.html>) & understand that I will be required to comply with its requirements for work involving ionizing radiation.

I have reviewed & am familiar with the contents of the UC Berkeley *Radiation Safety Logbook* (available at: <http://ehs.berkeley.edu/radsafety.html>).

I confirm that the information I've provided above is accurate: \_\_\_\_\_  
(Applicant signature & date)

Mail, fax, or email form to: **Attn: EH&S Radiation Safety**, 317 University Hall, Mail Code 1150  
FAX: 510 643-7595, [radtraining@berkeley.edu](mailto:radtraining@berkeley.edu)

EH&S data entry instructions: If Page 2 has been completed, forward form to Radiation Safety for review after entry of individual's contact information in RSIS. (If Page 2 is blank, file form following data entry.)

**UNIVERSITY OF CALIFORNIA, BERKELEY  
REQUEST FOR ADDITION TO RUA**

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- Please make sure the information is legible!

Last name:	
First name:	
UID (look up this number at <a href="https://calnet.berkeley.edu/directory/">https://calnet.berkeley.edu/directory/</a> ):	
What is your <u>UC Berkeley</u> affiliation? <input type="checkbox"/> Current student <input type="checkbox"/> Current faculty or staff member <input type="checkbox"/> Other	
If you marked "Other", please explain your UC Berkeley affiliation:	
1.	<input type="checkbox"/> This request is to add my name to existing RUA #(s) _____. I confirm that I have read the RUA(s) & noted the restrictions that apply. <b>Or</b> <input type="checkbox"/> This request is to add my name to a new (pending) RUA; the PI will be: _____
2.	Under the RUA(s), I request to be added as (please check only one): <input type="checkbox"/> RUA Holder (PI) <input type="checkbox"/> Lab Contact <input type="checkbox"/> User
3.	In Item 4, mark the primary purpose of each RUA you listed in Item 1. (Each RUA will fall into only one of the two categories listed in Item 4.) Then complete the steps listed in the column(s) beneath the marked RUA type(s):
4.	<input type="checkbox"/> Radioisotope storage &/or use. (This category is applicable to <u>all</u> radioisotope use including Cs-137 irradiator use) <input type="checkbox"/> Radiation-producing machine (RPM) possession &/or use. (An RPM generates radiation electronically, not by radioactive decay.)
5.	<input type="checkbox"/> I confirm reading the <i>Radioisotope Safety &amp; Emergency Procedures</i> poster (RD-27) available at: <a href="http://ehs.berkeley.edu/radsafety.html">http://ehs.berkeley.edu/radsafety.html</a> . <input type="checkbox"/> I confirm reading the <i>Radiation Producing Machine Safety Procedures</i> poster available at: <a href="http://ehs.berkeley.edu/radsafety.html">http://ehs.berkeley.edu/radsafety.html</a> .
6.	<input type="checkbox"/> I confirm that I have reviewed & am familiar with the contents of the <i>Handbook for Safe Use of Radioisotopes</i> available at: <a href="http://ehs.berkeley.edu/radsafety.html">http://ehs.berkeley.edu/radsafety.html</a> . <input type="checkbox"/> I confirm that I have reviewed & am familiar with the contents of Appendix H of the <i>Radiation Safety Manual</i> & understand I'll be required to comply with its RPM requirements available at: <a href="http://ehs.berkeley.edu/radsafety.html">http://ehs.berkeley.edu/radsafety.html</a> .
7.	<input type="checkbox"/> I understand I will not be added to the RUA(s) until I have completed all the initial and refresher radiation safety training required for the radiation uses listed in the RUA(s). Note: Training information is available at: <a href="http://ehs.berkeley.edu/radsafety/training.html">http://ehs.berkeley.edu/radsafety/training.html</a> . Check with the Lab Contact of the RUA (or contact EH&S at <a href="mailto:radtraining@berkeley.edu">radtraining@berkeley.edu</a> or 642-3073) for further information.

I confirm that the information I've provided above is accurate: \_\_\_\_\_  
(Applicant signature & date)

As the Holder of the applicable RUA(s), I confirm that I have supervisory authority for this individual & that I agree with his/her addition to my RUA(s): \_\_\_\_\_  
(RUA Holder signature)

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FAX: 510 643-7595, [radtraining@berkeley.edu](mailto:radtraining@berkeley.edu)