



RADIATION SAFETY DEPARTMENT

WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS

JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Email: radiationsafety@hsc.wvu.edu

LAB WORKER REGISTRATION

PI Name _____ Department _____

Room # _____ PO Box _____ Phone # _____

Key: (A=Add; D=Delete, or NC=Name Change)

Name Of Lab Worker	Email Address	Radiation User	Action	Phone Number
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/> NC <input type="checkbox"/>	

The Radiation Safety Department requires the authorized user to document training for non-radiation users. Radiation users are required to complete the radiation safety courses on SOLE.

Lab workers using radiation may be required to use radiation monitoring devices. The Application for Radiation Monitoring Device can be found at <http://www.hsc.wvu.edu/rsafety/Forms>.

Authorized User

Date

OFFICE USE ONLY

- Added to SOLE Training (Initials: _____)
- Added to EHSA (Initials: _____)
- Attached to PI (Initials: _____)
- Card access granted (Initials: _____)