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 ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	
		Y ☐ N ☐	A ☐ D ☐ NC ☐	

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: _____)

As of: 1/21/25