

SECTION A: Applicant Information

Applicant's Surname:	First Name:	Middle Name:
Date of Birth (YYYY/MM/DD):	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Insurance Number:
Country of Birth:	Province of Birth:	Phone or Email:
Employed by:	Facility / Department:	Job Title:
Facility Location(s) for Use of X-ray Device	Facility Location(s) for Use of Isotopes	Supervisor overseeing workplace radiation safety practice:

Your personal information is being collected under the authority of the Public Hospitals Act R.S.O 1990, c. P.40. and allows London Health Sciences Centre and St. Joseph's Health Care to monitor their staff for occupational radiation exposure through a regulated licensed third party vendor. This monitoring system allows each Hospital to fully comply with mandated submissions of staff occupational radiation exposure reports to Health Canada's National Dose Registry Service.

SECTION B: Terms and Conditions for X-ray and/or Isotope Exposure Monitoring

- I have completed all applicable radiation safety training module(s) assigned to me and I believe that I have sufficient training/experience to enable me to work around, near, or with radiation emitting devices and/or nuclear substances in a manner that is safe for myself and for others
- I have read the Radiation and X-ray Safety Policies and Manuals for my facility and have a basic understanding of the Hospital's policies with respect to the Safe use of radiation.
 - For St. Joseph's Health Care (SJHC) staff: St. Joseph's Health Care's X-ray Safety Program and Directives and/or Radiation (Isotope) Safety Program and Policies
 - For London Health Sciences Centre (LHSC) staff: Nuclear Manual and/or X-ray Policies

Name of Applicant (please print): _____

Applicant Signature: _____ Date (YYYY/MM/DD): _____

Section A and B of this Request must be returned to the Radiation Safety Officer at your facility.

If you have questions about the collection of this information, contact the Radiation Safety Officer at your facility.

UH: C3-210 VH: B2-396 ext 32518
or amy.giddings@lhsc.on.ca

SJHC: Rm B5-209 ext 64555
or christine.dykstra@sjhc.london.on.ca

RESPONSIBILITY OF BADGED RADIATION WORKERS

I understand that in conjunction with my application request and issuance of a personnel radiation monitoring badge, I will comply with the following:

- Wear my badge whenever I am working in the vicinity of radiation or with radioactive material
- Return my old badge at the end of the wear period to my Departmental Badge Representative
- Wear my badge according to the appropriate type:
 1. Whole body badge: wear at waist level
If worn with a lead apron, wear this badge **underneath** the lead apron
 2. Collar badge: wear on the collar
If worn with a lead apron, wear this badge outside the lead at the collar level
- If I lose my badge, I will notify my Departmental Badge Representative, who will request a replacement
- Failure to return my badge when it is due will result in a late fee charged to my Department
- Examine my personal dosimetry reports to ensure my readings are ALARA (as low as reasonably achievable)
- Individual dose reports may be accessed online, see Radiation safety website for Instructions