

**SECTION A: Applicant Information**

|  |   |  |
|--|---|--|
| Applicant's Surname:                         | First Name:   | Middle Name:   |
| Date of Birth (YYYY/MM/DD):                  | Sex:<br><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 any questions about the collection of this information, contact the Radiation Safety Officer at your facility.

**Lindsay Allaer**  
UH: C3-210 VH: B2-396 ext 32518  
or [Radiation\\_Safety@lhsc.on.ca](mailto:Radiation_Safety@lhsc.on.ca)

**Christine Dykstra**  
SJHC: Rm B5-209 ext 64555  
or [radiation\\_safety@sjhc.london.on.ca](mailto:radiation_safety@sjhc.london.on.ca)

## RESPONSIBILITY OF BADGED RADIATION WORKERS

I understand that in conjunction with my application request and issuance of a personal 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 reasonable achievable)
- Individual dose reports may be accessed online, see Radiation safety website for instructions

## LETTER OF NOTIFICATION OF X-RAY WORKER STATUS

In accordance with the Occupational Health and Safety Act / Regulation 861: X-ray Safety, you are hereby informed that you are employed as an X-ray Worker. You may receive occupational exposure while working near, or with X-ray devices. The amount of exposure you receive is to be kept as low as reasonable achievable, and shall not be in excess of the following annual limits:

| Part of body irradiated   | Exposure Conditions and Comments   | Dose Equivalent Annual Limit for X-ray workers (mSv) |
|---|--|--|
| Whole body or trunk   | Uniform irradiation  | 50   |
| Partial or non-uniform irradiation of body                        | Limit applies to the effective dose equivalent defined in O.Reg 861-890  | 50   |
| Lens of eye   | Irradiated either alone or with other organs or tissues  | 150  |
| Skin  | Limit applies to mean dose equivalent to the basal cell layer of the epidermis for any area of skin of 1 square centimeter or more | 500  |
| Individual organ or tissue other than the lens of the eye or skin | Limit on effective dose equivalent applies, with an overriding limit on the dose equivalent to the individual organ or tissue      | 500  |

A pregnant X-ray Worker must inform, *in writing*, the Radiation Safety Officer as soon as she becomes aware of her condition. This allows her employer to take every precaution reasonable to ensure that the mean equivalent dose received by her abdomen does not exceed 5 mSv during pregnancy.

Sincerely,

Laila Omar Nazir  
 Radiation Safety Officer  
 Laila.OmarNazir@lhsc.on.ca

I understand the risks, my obligations, and the occupational radiation exposure dose limits that are associated with being designated as an X-ray Worker.

| X-Ray Worker Name (Print) | Signature | Date |
|---------------------------|-----------|------|
|                           |           |      |

| Site: <input checked="" type="checkbox"/> check all that apply |  |  |
|--|--|--|
| <input type="checkbox"/> SJHC (any site)                       | <input type="checkbox"/> University Hospital | <input type="checkbox"/> Victoria Hospital |

|                    |  |                            |  |
|--------------------|--|----------------------------|--|
| <b>Department:</b> |  | <b>Leader/Coordinator:</b> |  |
|--------------------|--|----------------------------|--|

**Leader: Keep this completed form as part of your records**  
**Send a copy to Radiation\_Safety@lhsc.on.ca for LHSC**  
**OR**  
**Send a copy to Radiation\_Safety@sjhc.london.on.ca for SJHC**