**REGISTRATION OF USERS OF X-RAY**

**GENERATING EQUIPMENT**

Before commencing work with ionising radiations it is necessary to register with the University’s Radiation Protection Adviser (RPA).

In addition, it is vital that you are familiar with your Departmental Local Rules concerning work with equipment generating ionising radiations such as X-rays. If you have any doubts or queries please contact either your Departmental Radiation Protection Supervisor (RPS) or the University’s RPO at 4612/4613.

***Please complete the following details and forward the form to Trevor Sewell (ASEP) who will send it to the RPO under sealed envelope.***

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department: \_\_\_\_\_\_\_\_\_\_ School of Chemistry and Chemical Engineering Panalytical XRD \_\_\_\_\_\_

Laboratory/Room Number: \_\_\_\_\_\_0B.410\_\_\_\_\_\_\_ Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Generating Equipment to be used: Panalytical XRD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of last employer where designated as a radiation worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read the following carefully and sign:***

I have read, am fully familiar with and will carefully follow the Departmental Rules for work with ionising radiations.

I wish to be registered as a Radiation Worker and am confident that my practical ability will allow me to work safely and without danger to myself or my colleagues.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Rules Sign off Sheet**

Every individual working with ionising radiation has a duty to protect themselves and others from any hazard arising from their work. It is therefore essential, and a requirement of the Ionising Radiations Regulations (NI) 2000, that the individual is familiar with the responsibilities and precautions imposed by the Regulations through Local Rules.

When you understand your responsibilities you should sign and date the declaration below:

**I have read and understood these Local Rules and guidelines and will abide by their recommendations**

|  |  |  |
| --- | --- | --- |
| **Name** | **signature** | **date** |
|  |  |  |