



## **Radiation Worker Registration Form**

## **PERSONAL INFORMATION**

First Name	Last Name	Middle Initial Gender (M/	
Iqama/National ID	Date of Birth (M/D/Y)	Nationality	
Position	KAUST ID	Mobile#	

## **WORK LOCATION**

Department	Building	Room#	Office phone
E-Mail Address	Principal Investigator		RUA #

## **REQUIRED TRAINING**

I have been informed of and understand my risks. I have taken the required training, studied and understood the following documents and will adhere to the requirements laid out in them:

pleted Y)
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As part of my job activity I will be working with (Choose all that apply):				
Radioactive Material (RAM)	☐ Radiation Producing Equipments			





I also understand that as a "Radiation Worker" I shall adhere to all required safety precautions that are considered necessary and will not be exposed ionizing radiation approaching or exceeding levels which could be hazardous.

I understand that work with ionizing radiation is not expected to cause any negative health consequences, as long as I adhere to all appropriate safety precautions.

	Name	Signature	Date		
Radiation Worker					
RUA Holder					
FOR OFFICIAL USE ONLY (RADIATION SAFETY OFFICER)					
Personal Dosimetry	☐ Required	☐ Not Required			
RSO Signature		Date			

The information on this form should be considered confidential with respect to individual privacy. This information shall only be used for purposes of documenting and tracking individual radiation exposure in accordance with the requirements of the Nuclear Radiological and Regulatory Commission (NRRC).

This form must be returned to the Radiation Safety Officer upon completion. If you have any question, please contact the RSO (radsafety@kaust.edu.sa) or hse@kaust.edu.sa