*This form must be completed by all users* of radiation-producing equipment emitting X-rays with energy above 50 kV that are enclosed, open X-ray beam and unsealed radioactive substances and *sent to the RSO:* **researchsafety@kaust.edu.sa***. Note that a copy of this form must be kept with the lab manager/RUA holder files for record.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  |  |  | **KAUST ID No.** |  |
| **Email:** |  |  |  |  |
| [ ]  **Faculty** [ ]  **Staff** [ ]  **Student** [ ]  **Lab Safety Representative (LSR)**  |
| [ ]  **Other** |  |

|  |  |
| --- | --- |
| **RUA Number** |  |

**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:

|  |  |
| --- | --- |
| **Training** | **Date Completed****(dd/mm/yyyy)** |
| 1. | Radiation Safety Manual (Read and Understood) |  |
| 2. | Required Radiation Safety Training1 – Tick relevant box |  |
|  | [ ]  HSE-150 SEM/TEM Training |  |
|  | [ ]  HSE-151 X-Ray Analysis Equipment Safety Training |  |
|  | [ ]  HSE-124 Radioactive Materials Safety Training2 |  |
| 4. | Local Rules (Read and Understood) |  |
| 5. | Job Specific Training provided by or under direction of the RUA holder |  |

1 Please indicate if it was blackboard or live training.

2 This was previously known as Radiation Safety Training until May 2019

I also understand that as an “authorized user” 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.

**Personal Dosimetry**

As part of my job activity I will be working with (choose all that apply):

[ ]  Radioactive Substances [ ]  Radiation-Producing Equipment

|  |
| --- |
| **For official use only (RSO)** |
| **Personal Dosimetry**  [ ]  Required [ ]  Not Required |
|  | **Whole Body** | **Start Date****(DD/MM/YYYY)** | **Ring** | **Start Date****(DD/MM/YYYY)** | **Frequency** |
| **Dosimetrer ID** |  |  |  |  |  |
| **RSO Signature** |  | **Date****(DD/MM/YYYY)** |  |

If you have any question regarding personal dosimetry, please contact researchsafety@kaust.edu.sa.

**Declaration**

|  |  |  |
| --- | --- | --- |
| **Authorized User Name** |  | **Authorized User Signature** |
|  |  |  |
| **RUA Holder Name** |  | **RUA Holder Signature** |
|  |  |  |
| **RLCL Safety Specialist3** |  | **RLCL Safety Specialist Signature3** |
|  |  |  |
| **Date (dd/mm/yyyy)** |  |  |
|  |  |  |
|  |  |  |

*3 To be filled only for individual applying to be authorized users in the Radiation labeling Core Lab (RLCL).*