

**UNIVERSITY OF CAMBRIDGE
DEPARTMENT OF VETERINARY MEDICINE**

**REGISTRATION OF USER OF RADIOISOTOPES FOR RESEARCH
(OPEN SOURCES OF IONISING RADIATION)**

1. PERSONAL DETAILS

Name and title:

Status:

(University Officers who supervise users are required to register, even if they do not handle radioisotopes themselves)

UO user / Research Associate UO registering as supervisor

Research Assistant/Technician Post-graduate student

Other:

Supervisor (Group Leader):

RPS: Dr Barbara Blacklaws

Place(s) where work to be carried out:

2. DETAILS OF OPEN SOURCE WORK

Outline descriptions of techniques to be used:

1.
2.
3.

	Radionuclide to be used	Quantity per experiment	Frequency of experiments
1.			
2.			
3.			
4.			
5.			

Estimated monthly usage from above:

Types of waste to be generated: water miscible dry solid Other
 clinical/requiring incineration organic *Please specify:*
 gaseous scintillation

Will you require radionuclides to be specifically ordered for this work? Yes / No

State which risk assessments apply for the above techniques (ie Departmental reference numbers):

3. EXPERIENCE AND TRAINING

User's previous experience in the use of ionising radiations:

Details of training received in the use of ionising radiations:

1. *Training Prior to joining University of Cambridge?* Details:.....

2. *October course for newly registered students:* Y / N Date:

3. *University Safety Office, New User Course:* Y / N Date:.....

4. *Departmental Induction Check List completed?* Y / N Date:

(attach signed copy of check list)

5. *Departmental Skills Questionnaire successfully completed:* Y / N Date:.....

6. Additional training required before undertaking above work:

Training:	Supervisor:	Date:
Training:	Supervisor:	Date:
Training:	Supervisor:	Date:
Training:	Supervisor:	Date:
Training:	Supervisor:	Date:

7. Continuing/refresher training:

Training/Course:	Date:
Training/Course:	Date:
Training/Course:	Date:
Training/Course:	Date:
Training/Course:	Date:
Training/Course:	Date:

Will you be working in an area under the control of another employer? Y / N
 If so, provide details of the training and supervision to be provided by that employer:

Provide clear reference to the other employers risk assessment for this work (reassessment may be needed):

4. FILM BADGE

- In use
- Requested now supplied (date):
- Required later supplied (date):
- Not required

5. DECLARATION

I confirm that:

- I have considered using alternative techniques, but the use of ionising radiations is essential to my work.
- If using radioactive substances, I will acquire or purchase the smallest amounts compatible with my project.
- If using radioactive substances, I will use the least radio-toxic nuclide compatible with the work.
- I understand that I must comply with my Department's policy to use Best Available Technique to minimise the amount of radioactive waste generated, and also minimise the effect on individuals or the environment from the disposal of radioactive waste.
- I have read and agree to abide by the *Local rules*.
- I have read and understand the risk assessments for techniques that I shall be using.
- I have read and understand the conditions set out in the Schedules appended to the Certificates of Authorisation and Registration issued to the University under the Environmental Permitting Regulations 2010 (EPR10). The certificates are available and on display in this department.
- I agree to obtain authorisation from the RPS before using techniques not listed above.

Signature of User: Date:

Email address:

Signature of Supervisor (Group Leader): Date:

Signature of RPS: Date:

- A copy of this fully completed form to be retained by the worker, the RPS and the Research Supervisor/PI or Line Manager.
- Review this form annually for relevance, and also when work changes or new work is planned.