

**SECTION A: Applicant Information**

Applicant's Surname:	First Name:	Middle Name:
Date of Birth (YYYY/MM/DD):	Sex: <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. Please ensure you are using your LHSC or SJHC email when submitting completed request forms to Radiation Safety.

**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 staff at your facility.**

If you have any questions about the collection of this information, contact the Radiation Safety staff at your facility.

[Radiation\\_Safety@lhsc.on.ca](mailto:Radiation_Safety@lhsc.on.ca)  
For LHSC

OR

[Radiation\\_Safety@sjhc.london.on.ca](mailto:Radiation_Safety@sjhc.london.on.ca)  
For SJHC

## RESPONSIBILITIES 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 between waist and chest  
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
- 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 reasonably achievable).
- If wearing a fetal dosimeter or instadose, ensure it is read monthly.
- Individual dose reports may be accessed online, see Radiation safety website for instructions.
- **When you lose your radiation badge here are the steps to follow:**
  1. Immediately report the incident to your leader and Radiation Safety Officer (RSO).
  2. Get a replacement dosimeter. Radiation safety staff will assign you a spare badge.
  3. Do not perform any radiation work without an appropriate dosimeter.
  4. When you find a missing/lost dosimeter DO NOT use it regardless of how long it was missing, and DO NOT put it back on the badge rack. Return it to Radiation Safety personnel, or your leader.
  5. File an incident report: WORS for St. Joe's, AEMS for LHSC.

I have read and understood my responsibilities as a radiation badge wearer.

Radiation Badge Wearer Name (Print)	Signature	Date

## 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 reasonably achievable, and shall not be in excess of the following annual regulatory 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

As an X-ray Worker, if you become pregnant it is recommended that you inform the Radiation Safety Officer, in writing, as soon as you become aware of your condition. This will allow your employer to take every precaution reasonable to ensure that the mean equivalent dose received by your abdomen does not exceed 5 mSv during pregnancy.

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