

**USER REGISTRATION FORM**  
(Statement of Training and Experience)

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Department \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_

2. Description of experience or training related to radioisotopes or radiation usage. List most recent first. Include location, date and whether formal course or on the job training.

3. Previous Actual Radioisotope Use

Isotope	Amount (mCi)	Type of Source	Location/Date

4. Describe procedures you have had experience with and types of facilities you have used.

5. Estimated Total Previous Radiation Exposure (from all sources other than natural background).

\_\_\_\_\_ mrem or \_\_\_\_\_ rem.

6. Statement: I, the undersigned, have read, understand and agree without reservation to abide by the provisions contained in the California State University, Fresno Radiation Safety Manual pertaining to radioisotope or radiation usage. I hereby waive any right or recourse against the University for any damage whatsoever resulting from failure to fully conform with said provisions and the California Radiation Control Regulations.

Signature \_\_\_\_\_  
(written)

Name \_\_\_\_\_  
(typed)

Date \_\_\_\_\_