University of Manitoba: Environmental Health & Safety Office
Radiation Safety Workshop
Open Source - Registration Form

Sessions (Please indicate preference with a √):

___ Tuesday, January 27, 2015, all day starting @ 9:00 am
___ Wednesday, March 11, 2015, all day starting @ 9:00 am
___ Tuesday, May 5, 2015, all day starting @ 9:00 am
___ Thursday, June 4, 2015, all day starting @ 9:00 am

- All Sessions are held at Bannatyne Campus-

The following is adapted from the Radiation Safety Manual, 2013, RSP-912:

Personal Information to register for the Radiation Safety Program:

Full Name (First Middle Last) Underline last name please

Please indicate any other name that you may have previously used to any type of EHSO (i.e. Maiden/married name, name change):

University of Manitoba Staff Number (if applicable):
Job Title:

Department:

E-mail:

Office Location: Building: Room #:

Phone Numbers: Lab: Office:
24Hr. Contact Information is required for Permit Holders and LRS only:
Home: Cell:

Have you worn a TLD Badge before? (If yes, please indicate where you lived when it was worn)
Y ☐ N ☐
In Canada only ☐
If outside Canada, please indicate the country:

Experience:

Number of years you worked with radioactive nuclear substances:

List the radioisotope(s) and procedure(s) performed:

Training:

Indicate the date you completed the University of Manitoba Radiation Safety Training course (if not known we can add this from our database):

EHSO only: Date trained: Verified:

List any other formal training course(s) you have received (date, length):

CONSENT: I hereby agree to work in a responsible and reasonable manner, in accordance with the University policies and procedures, as outlined in the University of Manitoba Radiation Safety Manual. I am aware that the Canadian Nuclear Safety commission has the authority to fine me personally if I do not comply with the University Radiation Safety Manual (as of July 3, 2013). I agree to be designated by the University of Manitoba as a: ☐ Permit Holder ☐ Laboratory Radiation Supervisor, or a ☐ Designated Worker

Signed this date by (Signature of Registrant):
Date:

Nomination to amend an existing permit:

As the Permit Holder, I request that the following person be added to my permit(s).

Permit Holder: Permit Number(s):
Signature: Date:

*Cancellation Policy: A registered attendee’s department will be charged a late cancellation fee of $75 in the event of a withdrawal within two working days prior to the workshop or failure to attend the workshop. The cancellation fee will be waived in cases where the Environmental Health and Safety Office receives notification of illness or emergency.

Fax completed form to 204 789-3906 or scan and email to radsafe@umanitoba.ca
Mail original to Environmental Health and Safety Office, T248 Basic Science Building