



The Hong Kong University of Science and Technology
Health, Safety and Environment Office

Radiation Worker Registration

* Delete as appropriate

Personal Particulars

Name: _____ Chinese name (if any): _____
(Surname) (Given name)

Sex: M / F HKID No: _____ Date of Birth: ____ / ____ / ____

*Staff/ Student No.: _____ Email: _____

Residential Address: _____

Department: _____ Lab (Room no.): _____ Ext.: _____

Name of Supervisor: _____

Date of Commencement for Radiation Work (in HKUST): _____

Radiation Safety Training Date: _____ Course name: _____

Existing TLD badge: Yes / No Course provider (if not HKUST): _____

Location of Radiation Work

Radionuclide(s) to be used

Location (Room no.)	Radionuclide	Experiment use (μCi)	Possession (μCi)

Irradiating Apparatus to be used

Location (Room no.)	Description of Instrument	IA Licence no.

Declarations

I declare that I have received radiation safety training, agree to follow safety procedures regarding the use of radioactive materials/ irradiating apparatus and the information provided in this application is true and accurate.

Applicant Signature _____ Date _____

I declare that the above-named person * will be / will continue to be employed by me in radiation work and that the best of my knowledge the information in this application is true and accurate.

Supervisor Signature _____ Date _____