



HAZARD ANALYSIS FOR RADIATION WORKER TRAINING WAIVER
(FRM ARTICLE 664)

Date: _____

Name: _____ FNAL ID or SSN: _____

Area/Encl to be entered: _____

Responsible Div/Sect & Dept: _____

Escort Name: _____ FNAL ID: _____

Reason for waiver: _____

When will Radiation Worker Training be given: _____

Work location and time required (hours) to complete work: _____

Radiological conditions at work location:

_____ mR/hr _____ Total dose _____ nCi/100 cm²

Is worker required to work with or handle radioactive materials?

Yes _____ No _____

Will worker be continuously accompanied by a trained radiation worker?

Yes _____ No _____

If contamination levels in the work area are below 0.5 nCi/100 cm², the total dose to the untrained worker will not exceed 10 mrem, and the untrained worker will be continuously escorted and supervised by a trained radiation worker, then a training waiver may be granted by the RSO or designee approved by the SRSO to permit the untrained person to work. The period for the waiver will be at the discretion of the RSO.

Escort Certification

I agree to limit the untrained worker to scope of work listed above. I will provide continuous supervision and ensure all access requirements are adhered to.

Signature/Date

Untrained worker Certification

I agree to follow all escort instructions related to this work until I have received radiation worker training. I understand my exposure to ionizing radiation will be limited to levels permitted for the general public until I have received the required training.

Signature/Date

Waiver Approval

RSO Signature/Date

Expiration Date