EDWARDS ACCELERATOR LAB

KEY HOLDER TRAINING FLOW CHECKLIST

| Key Holder Name: | Date: |
|---|--|
| Accelerator Orientation Section: | Initials of Trainer Acceptable to initial & mark as N/A where not needed |
| General: | |
| Location of Emergency Exits | |
| Location of Restrooms | |
| Location of Restricted Area Doors, Video Surveillance | |
| Building Page Device in Lobby | |
| Location of Emergency Phone Numbers | |
| FM, PD, and FD don't have keys | |
| Safety Equipment: | |
| Personal Protective Equipment in Thin Film Lab | |
| Eye Wash / Shower Station in Thin Film Lab | |
| Spill Control Kit in Thin Film Lab | |
| First Aid Kit Outside Control Room | |
| Fume Hoods | |
| Fire Emergencies: | |
| Hazards in Lab; Class A, B, C, D fires; Likely Locations | |
| Types of Extinguishers in Lab (CO2 & Dry Chem) and Use | |
| Detection Systems; Standard Smoke, Aspirating Smoke, Heat, O2 Depletion | |
| Course of Action in Emergency - Evacuate | |
| Electrical Emergencies: | |
| Hazards in Lab; Common AC, High Voltage, High Current, Lasers | |
| Specific Locations; Source Area, Magnets, Cabinets | |
| Laser Locations | |

| Chemical Emergencies: | |
|---|--|
| Types of exposure; Respiratory, Ingestion, Contact | |
| Chemical Locations in Lab | |
| SF6 Locations; Properties and Hazards | |
| Safe Practices and Protective Equipment | |
| No food or drink, except control room | |
| Safety and Warning Devices: | |
| EMO Buttons; Locations and use. When in doubt, hit one | |
| Control Room Alarms (other than fire); Contact Staff | |
| Beam Warnings, Locations. 15 second delay for High Rad Ops | |
| Claxon and Flashing Red Lights. Accelerator Startup. Areas Cleared by Operator. | |
| Flashing Red Lights. Accelerator Running. Check with Operator for Entry | |
| | |
| Key Holder Level Radiation Safety Orientation Section: | |
| Fundamentals of Radiation Safety | |
| Characteristics of Radiation | |
| Units of Radiation Dose | |
| Significance of Radiation Dose | |
| Fundamentals of Radiation Dose | |
| Radiation protection Standards | |
| Biological Effects of Radiation | |
| Levels of Radiation from Particle Accelerator Sources | |
| Radiation locations with beam on | |
| Radiation locations following beam on | |
| X-rays from accelerator tubes | |
| X-rays from source area | |
| Sealed Sources | |
| Types and Locations, including tritium | |
| Signage for deployed sources | |
| Proper Handling | |
| Security System – PD lockdown of building | |

| Methods of Controlling Radiation Dose | |
|---|--|
| Exposure Time | |
| Working Distance | |
| Shielding | |
| | |
| Use of Radiation Detection Instruments | |
| Survey Instruments | |
| Neutron Survey Meter | |
| Victoreen 440 RF | |
| Geiger Counter | |
| Direct Reading Dosimeter | |
| Instrument Operation | |
| Calibration | |
| Limits of Detection | |
| Monitoring Procedures | |
| | |
| Personnel Monitoring Equipment (Dosimetry) | |
| Procedures for Issuance, Wearing, and Exchange of Dosimetry | |
| Typical Exposures Expected | |
| Methods to Keep Exposures ALARA | |
| Film Badges | |
| Direct Reading Dosimeter | |
| Bioassays | |
| | |
| Role of the Accelerator Operator | |
| Ensure Film Badge and DRD use | |
| Limit access to only authorized personnel | |
| Ensure compliance with visitor policies | |
| Inspect, evacuate, and secure areas prior to beam | |
| Knowledge of experiment conditions and hazards | |
| May be out of Control Room, wait for his/her return | |
| , , | |

| Fixed Radiation Monitor System | |
|---|--|
| Detection of n, x, and gamma Radiation | |
| Types of Detectors | |
| Where Detectors are Monitored | |
| Shutdown Due to Radiation Monitor | |
| Accumulated | |
| Rate | |
| 8 Hour Scaler | |
| 24 Hour Scaler | |
| Signal Comparator | |
| Recorder | |
| | |
| | |
| Visitors | |
| Definition | |
| Orientation | |
| Film Badge Requirements and Card | |
| Pregnant Women and Minors | |
| | |
| Consultation | |
| Activated Machine Parts | |
| Radioactive Targets | |
| Radioactive Sources | |
| Violations | |
| | |
| Key Issue Process: | |
| Accelerator Orientation | |
| Key Holder Level Radiation Safety Orientation | |
| Signed Key Request and Key Issue | |
| Security of key | |
| Return of Key when Finished | |

REQUEST FOR ACCELERATOR KEY

| PLEASE PRINT CLEARLY | | | | | |
|--|---------------------------|--|-----------|--|--|
| Applicant Name: | | | | | |
| Local Address: | Street | City | State Zip | | |
| Local Phone: | | Email: | | | |
| Faculty/Staff | Student | Visitor | | | |
| Effective Dates: | From | Returned | | | |
| | Signature of Chair of TAL | C or Chair of Physics and A | stronomy | | |
| Restricted Area Key | Number: | | | | |
| presented. I unders authorized to use th facility usage the ke | • | shall not be given or loane acility. I understand that u | | | |
| Signature of Applicant | | | | | |
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