

1 UNITED STATES OF AMERICA

2 - - - - -

3 NUCLEAR REGULATORY COMMISSION

4 - - - - -

5 INTERVIEW OF DENNIS KING

6 - - - - -

7 WEDNESDAY, OCTOBER 18, 1995

8 - - - - -

9 3:08 O'CLOCK P.M.

10 - - - - -

11 MASSACHUSETTS INSTITUTE OF TECHNOLOGY

12 - - - - -

13

14 INTERVIEWERS:

15 LARRY ROBINSON Chief Interviewer

16 JOHN GLENN Team Leader

17 GREGGORY GONECONTO

18 BETSY ULLRICH

19

20

21

22

23

24

25



# ADDENDUM/ERRATA SHEET

Page      Line      Correction and Reason for Correction

22    21    - The Monday that he referred to was 8/14. He told me about his attempt to locate the material on 8/14 in our 8/21 conversation.

25    16    - I went back to the first of August

29    1    - But he doesn't work with isotopes

33    24    - One bare charge chain

37    8    - Hynes

37    1    - I'm not sure what this line says

38    11    - Sumner

38    13    - Them = police (MIT)

39    10    - as sort of a middle . . . -

42    14    - Dr. Sumner (Tonejourn)

44    19    - Mitch & Frank decided to ~~also~~ remove isotopes stocks from lab and prohibit use in the lab.

45    2    - They took the isotopes before the lab meeting occurred

46    15    - There was ~~an~~ some backflow of 3H into a group that I reported to RPO ~~about~~ in ~~the~~ Summer of '99 (minors)

48    17    - dCTP 22

48    18    - dATP 3 1<sup>st</sup> labeled

59    16    - frame?

64    10    - term?



P-R-O-C-E-E-D-I-N-G-S

(3:08 p.m.)

1  
2  
3 CHIEF INTERVIEWER ROBINSON: For the record,  
4 this is an interview of Dr. Dennis King. It's Wednesday,  
5 the 18th of October 1995, 3:05 p.m.

6 The interview is being conducted on campus  
7 Massachusetts Institute of Technology, in connection with  
8 an incident investigation team investigation of an internal  
9 contamination of Phosphorus 32.

10 Dr. King, I'll just introduce myself to you,  
11 and we'll go around the room and let everyone present at  
12 the interview let you know who they are before we start  
13 talking.

14 DR. KING: All right.

15 CHIEF INTERVIEWER ROBINSON: My name is Larry  
16 Robinson. I am with the Office of Investigations of NRC.

17 MR. GONECONTO: My name is Greg Goneconto. I'm  
18 a Special Agent with the U.S. Nuclear Regulatory  
19 Commission, Office of the Inspector General.

20 MS. ULLRICH: I'm Betsy Ullrich. I'm a Senior  
21 Health Physicist with the NRC Region One office.

22 TEAM LEADER GLENN: And I'm John Glenn, and I'm  
23 the leader of this investigation team. And in my regular  
24 life, I'm in charge of rulemaking for radiological --

25 DR. KING: All right.



1 CHIEF INTERVIEWER ROBINSON: And the purpose of  
2 the interview, as I briefly stated, Dr. King, is in mid-  
3 October -- or mid-August, excuse me -- there was an  
4 apparent internal contamination of Dr. Lee, one of the  
5 researchers that works in your lab.

6 And the purpose of the IIT is to determine the  
7 cause -- if we can, the cause of that event, the facts and  
8 circumstances surrounding that event, and any information  
9 that, obviously, witnesses that are in the proximity of the  
10 lab may have to be able to provide regarding this incident.

11 In your capacity as I believe -- exactly what  
12 is your title at the lab? What is your capacity at the  
13 lab?

14 DR. KING: I am considered a lab manager, which  
15 is -- in a research lab is sort of a -- it's not well-  
16 defined. It depends on the lab. But basically, I do a lot  
17 of sort of coordination and make sure things go properly, a  
18 typical managerial type of situation. And I'm also a  
19 scientist as well, so it's sort of a mixed role for me.

20 CHIEF INTERVIEWER ROBINSON: And how long have  
21 you been here at MIT?

22 DR. KING: I've been here a year ago in April,  
23 so about a year and a half.

24 CHIEF INTERVIEWER ROBINSON: I see. And how  
25 long have you been a research scientist?



1 DR. KING: After I -- I got a Ph.D. in '74, and  
2 I've been in research ever since. In this area, I've been  
3 here since about 1974.

4 CHIEF INTERVIEWER ROBINSON: Where did you do  
5 your -- did you do your Ph.D. work here?

6 DR. KING: I did my Ph.D. work in Texas.

7 CHIEF INTERVIEWER ROBINSON: Texas.

8 DR. KING: Yeah. And then I did a post-  
9 doctoral fellowship at Joslin Diabetes Foundation, and I  
10 was there until around 1980. And then I was briefly at the  
11 Medical School, Harvard Medical School, for a year, and  
12 then I was at Harvard Biological Labs for 12 years before I  
13 came here.

14 CHIEF INTERVIEWER ROBINSON: And your  
15 particular research specialty, or if there is one?

16 DR. KING: It has evolved over the -- I was a  
17 physiologist -- trained as a physiologist in graduate  
18 school, and moved progressively from cellular biology into  
19 molecular biology, and -- like many other people. The last  
20 lab I was in was pretty -- it was a molecular genetics lab.

21 CHIEF INTERVIEWER ROBINSON: Well, before we  
22 get in -- you know, with that background, before we get  
23 into the substance of the interview, just so you  
24 understand, we are transcribing these interviews only from  
25 the standpoint of the fact that it makes it easier



1 conversationally, rather than us sitting here taking  
2 voluminous notes.

3 DR. KING: Sure.

4 CHIEF INTERVIEWER ROBINSON: You'll have the  
5 opportunity to review the transcript, if you so desire. It  
6 will be available within 24 hours after this interview. So  
7 if you desire to review it, take a look at it, and make any  
8 additions or notations that you desire, you can contact  
9 either Dr. Glenn or our administrative assistant. Cherie  
10 Siegel is her name.

11 DR. KING: Okay. And what will ~~be made~~ all  
12 of these transcripts that will be made?

13 CHIEF INTERVIEWER ROBINSON: Well, these  
14 transcripts will be made part of the report, the record of  
15 the incident investigation team, or at least they will be  
16 exhibits or attachments to it. And, of course, that will  
17 be published as a NUREG, and the exhibits themselves, the  
18 transcripts, there's a possibility that they may go to the  
19 public document room.

20 DR. KING: Right. Right.

21 CHIEF INTERVIEWER ROBINSON: Okay. So just so  
22 you understand that. Okay.

23 I'm going to take you back to August 19th of  
24 this year. This is the date that the contamination  
25 incident took place. That was a Saturday. Do you recall



1 your schedule, your presence in the lab, at -- in August?  
2 Do you have any kind of a diary or notebook that talks  
3 about that?

4 DR. KING: No. But my -- I have a pretty rigid  
5 routine I follow.

6 CHIEF INTERVIEWER ROBINSON: Okay.

7 DR. KING: Being a more senior, established  
8 person, I don't usually -- I try not to go on the weekends,  
9 so I've -- my schedule usually, almost invariably, is to --  
10 I'm here from about 9:00 in the morning until roughly 9:00  
11 at night, maybe 10:00. Occasionally, I might leave a  
12 little earlier, but for five -- usually about five days.

13 CHIEF INTERVIEWER ROBINSON: I see.

14 DR. KING: I'll either leave early, around  
15 7:00, on Wednesday or Friday, one of those two days. So on  
16 Saturday or Sunday, I am rarely here.

17 CHIEF INTERVIEWER ROBINSON: Would you have a  
18 knowledge of the activity or the presence of other  
19 researchers in the lab on the weekend? Is that --

20 DR. KING: No. That's not a -- this lab is a  
21 very busy -- you know, there's 37 people in there. So you  
22 can always certainly find people on the weekends. It's a  
23 seven-day-a-week lab. But on the weekend, there is fewer  
24 people than during the week.

25 CHIEF INTERVIEWER ROBINSON: Okay.



1 DR. KING: But as far as knowing -- knowing  
2 exactly who was there, it's pretty hard, other than it's --  
3 you can pretty much bet most of the primary research people  
4 are there some time during the weekend, unless they're  
5 traveling.

6 CHIEF INTERVIEWER ROBINSON: And of the 37, how  
7 many of them are --

8 DR. KING: That's administratives, yeah.

9 CHIEF INTERVIEWER ROBINSON: Okay.

10 DR. KING: There's two administrative staff  
11 people.

12 CHIEF INTERVIEWER ROBINSON: Of the 37, how  
13 many would be in that classification of primary research  
14 people?

15 DR. KING: Well, aside from the two  
16 administrative people, there are -- one technician is out  
17 on leave, and the other three technicians or four  
18 technicians are generally five-day-a-week people, unless  
19 they need to come in for some reason on Saturday or Sunday.  
20 They don't routinely schedule them. So you can subtract  
21 that group.

22 CHIEF INTERVIEWER ROBINSON: Okay. I have a  
23 list of the names. Can you, off the top of your -- without  
24 consulting that list, off the top of your head, name the  
25 smaller of the two groups, and then just give me the names



1 so that we could take a look at --

2 DR. KING: The smaller?

3 CHIEF INTERVIEWER ROBINSON: The smaller of --  
4 in other words, the people that would normally just be  
5 there on a five-day-a-week. I think that's the --

6 DR. KING: Oh, yeah. There's Rebecca Zacks is  
7 a technician.

8 CHIEF INTERVIEWER ROBINSON: Okay.

9 DR. KING: Dina Lim is a technician. Sue Ying  
10 is a technician. Fabienne -- I'm not sure I can pronounce  
11 the last name. She's from Belgium.

12 CHIEF INTERVIEWER ROBINSON: Can you roughly  
13 spell it?

14 DR. KING: No.

15 (Laughter.)

16 CHIEF INTERVIEWER ROBINSON: Fabienne?

17 DR. KING: Fabienne is her first name.

18 CHIEF INTERVIEWER ROBINSON: Okay.

19 DR. KING: She is -- she is a technician. She  
20 probably wouldn't be here as well. So those people  
21 definitely.

22 CHIEF INTERVIEWER ROBINSON: Here we go. Van  
23 de Keere?

24 DR. KING: Van de Keere, Fabienne Van de Keere.  
25 She -- this person here.



1 CHIEF INTERVIEWER ROBINSON: Okay. That's V-A-  
2 N, small D-E, capital K-E-E-R-E.

3 DR. KING: Okay.

4 CHIEF INTERVIEWER ROBINSON: And these are the  
5 folks that would just normally be there Monday through  
6 Friday, and --

7 DR. KING: Yeah.

8 CHIEF INTERVIEWER ROBINSON: -- would not be in  
9 on the weekends?

10 DR. KING: Exactly.

11 CHIEF INTERVIEWER ROBINSON: If you could, kind  
12 of go down through that list and indicate to us --

13 DR. KING: Sure.

14 CHIEF INTERVIEWER ROBINSON: -- who might  
15 likely be in --

16 DR. KING: Yeah.

17 CHIEF INTERVIEWER ROBINSON: -- there on  
18 Saturday and Sunday.

19 DR. KING: So this list -- sure. Let me just  
20 look at it a second.

21 CHIEF INTERVIEWER ROBINSON: Sure.

22 DR. KING: And see how current it is. It's a  
23 little bit older.

24 CHIEF INTERVIEWER ROBINSON: Yeah. If there  
25 are any additions to that list that you know of, please



1 write them on there.

2 DR. KING: So if we start from the top here,  
3 Philip Ashton-Rickardt is gone. I mean, he has left for  
4 Chicago before this happened.

5 CHIEF INTERVIEWER ROBINSON: Okay.

6 DR. KING: As well as Antonio Bandeira.  
7 They've both gone to jobs.

8 CHIEF INTERVIEWER ROBINSON: Okay. Chong Chen?

9 DR. KING: So Chong Chen is a regular. He is  
10 -- and it indicates what their positions are here beside.

11 CHIEF INTERVIEWER ROBINSON: And would he be in  
12 on the weekends?

13 DR. KING: Yeah. He could easily be in on the  
14 weekend.

15 CHIEF INTL. WER ROBINSON: Okay.

16 DR. KING: Dong Chen as well.

17 CHIEF INTERVIEWER ROBINSON: Okay.

18 DR. KING: Michael Cho is an undergrad, and I  
19 would -- he is, at the moment, dealing with undergrad  
20 stuff, so it's very unlikely he would be here.

21 CHIEF INTERVIEWER ROBINSON: Okay.

22 DR. KING: But he is possible.

23 CHIEF INTERVIEWER ROBINSON: Could be.

24 DR. KING: Yeah, possible.

25 CHIEF INTERVIEWER ROBINSON: Okay.



1 DR. KING: Joe -- Joe Delaney is like -- you  
2 know, could easily be -- be here as well.

3 CHIEF INTERVIEWER ROBINSON: Okay.

4 DR. KING: Alex is currently -- he is no longer  
5 with us, actually, although he still comes in and out of  
6 the lab.

7 CHIEF INTERVIEWER ROBINSON: How do you  
8 pronounce his last name?

9 DR. KING: Ebralidze.

10 CHIEF INTERVIEWER ROBINSON: Okay.

11 DR. KING: He's a Russian fellow. He has just  
12 recently left the lab in October. But during this  
13 particular time, he was not present very much. I can't  
14 really say whether he -- it's possible he could be here,  
15 but he was not carrying out routine experiments.

16 CHIEF INTERVIEWER ROBINSON: And he left in the  
17 early part of this month?

18 DR. KING: The early -- yeah, I think about the  
19 4th or 5th or something, of October, although he is still  
20 in the area. Officially, he left, yeah.

21 David Gerber is a full-time guy, and he could  
22 have been here easily.

23 CHIEF INTERVIEWER ROBINSON: Okay.

24 DR. KING: Linda as well.

25 CHIEF INTERVIEWER ROBINSON: Okay.



1 DR. KING: Maz as well.

2 CHIEF INTERVIEWER ROBINSON: Maz Hasan?

3 DR. KING: Yeah, Maz Hasan.

4 Heather Hinds is doing work at Cold Spring  
5 Harbor, so she is -- I can't recall. She comes and goes  
6 for brief visits. I'm almost positive -- I don't -- she  
7 was not here, because I remember talking to her about it on  
8 the phone --

9 CHIEF INTERVIEWER ROBINSON: Okay.

10 DR. KING: -- at the time.

11 CHIEF INTERVIEWER ROBINSON: You don't think  
12 she -- she indicated she wasn't here at the time?

13 DR. KING: Well, I know she wasn't here,  
14 because she was --

15 CHIEF INTERVIEWER ROBINSON: Okay.

16 DR. KING: -- at Cold Spring Harbor when I  
17 talked to her, so --

18 CHIEF INTERVIEWER ROBINSON: Albert Hsu?

19 DR. KING: Albert Hsu is an undergraduate as  
20 well, who is in the same category as the other fellow. He  
21 is just not around much right now. Whether he was here  
22 then or not is a possibility.

23 CHIEF INTERVIEWER ROBINSON: But not probable?

24 DR. KING: But not probable.

25 CHIEF INTERVIEWER ROBINSON: John Huang?



1 DR. KING: Yeah, he is a regular guy.

2 CHIEF INTERVIEWER ROBINSON: Shu Ying Huang?

3 DR. KING: Yeah. Now, that's one of the  
4 technicians I was speaking of. She is a five-day-a-week  
5 person.

6 CHIEF INTERVIEWER ROBINSON: So she wouldn't --

7 DR. KING: She does come in on Saturdays  
8 sometimes, though, because of the -- there's a piece of  
9 equipment that she deals with that she comes in. And I  
10 don't -- you'd have to ask her whether she was there that  
11 day or not.

12 CHIEF INTERVIEWER ROBINSON: Okay.

13 DR. KING: I don't know. But it's possible.

14 CHIEF INTERVIEWER ROBINSON: Possible, but not  
15 probable.

16 DR. KING: Yeah. Right.

17 CHIEF INTERVIEWER ROBINSON: Okay. Iwasoto  
18 (sic), Iwasato?

19 DR. KING: Yeah, Takuji. Yeah, Takuji Iwasoto.  
20 He is a likely person. Yeah, he is here.

21 CHIEF INTERVIEWER ROBINSON: Juan Lafaille?

22 DR. KING: Juan Lafaille is another senior  
23 person that is at the moment moving to New York, and I --  
24 I'm not sure whether he was here then or not. It's  
25 possible either way, actually. He has been going back and



1    forth for the last few months and setting up a lab in New  
2    York.

3                    CHIEF INTERVIEWER ROBINSON:    Christiaan Levelt?

4                    DR. KING:    Yes.

5                    CHIEF INTERVIEWER ROBINSON:    He would have --

6                    DR. KING:    He's a regular guy, yeah.

7                    CHIEF INTERVIEWER ROBINSON:    Okay.    Dina Lim?

8                    DR. KING:    She is one of the technicians, and I  
9    would say it's likely she wasn't here.

10                   CHIEF INTERVIEWER ROBINSON:    Probably not.

11                   DR. KING:    Yes.

12                   CHIEF INTERVIEWER ROBINSON:    Chanel Lovett?

13                   DR. KING:    She is the person on leave, so she  
14    wasn't here.

15                   CHIEF INTERVIEWER ROBINSON:    She was on leave  
16    during that week?

17                   DR. KING:    Yeah, she is -- she had a -- has had  
18    a real serious problem with an early pregnancy, and she  
19    actually was hospitalized for a number of weeks during that  
20    period.

21                   CHIEF INTERVIEWER ROBINSON:    Suzanna Marusic-  
22    Galesic?

23                   DR. KING:    Yeah, she would be a likely person.

24                   CHIEF INTERVIEWER ROBINSON:    Ken Poss?

25                   DR. KING:    Yes.



1 CHIEF INTERVIEWER ROBINSON: Haydn Prosser?  
2 DR. KING: Yeah.  
3 CHIEF INTERVIEWER ROBINSON: Zhuo Qian?  
4 DR. KING: Zhuo, yeah, he would have been a  
5 regular guy. Yeah.  
6 Toshi Sasaoka --  
7 CHIEF INTERVIEWER ROBINSON: Sasaoka.  
8 DR. KING: Yeah, he would be there -- a likely,  
9 too.  
10 CHIEF INTERVIEWER ROBINSON: Jie Shen?  
11 DR. KING: Jie Shen, a woman. Yeah, she would  
12 be most likely --  
13 CHIEF INTERVIEWER ROBINSON: Okay. Fabienne --  
14 DR. KING: Fabienne --  
15 CHIEF INTERVIEWER ROBINSON: Did you say she  
16 would or she wouldn't?  
17 DR. KING: No, she is a technician, and I -- I  
18 don't think she makes a practice of coming in if she can  
19 help it.  
20 CHIEF INTERVIEWER ROBINSON: Probably not.  
21 Yanyan Wang?  
22 DR. KING: Yeah. She would be likely to be  
23 here.  
24 CHIEF INTERVIEWER ROBINSON: Min Wu?  
25 DR. KING: Yes, she would be here as well.



1 CHIEF INTERVIEWER ROBINSON: Ming -- is it --

2 DR. KING: Xu, Ming Xu.

3 CHIEF INTERVIEWER ROBINSON: X-U?

4 DR. KING: Yeah, X-U, Ming Xu. Ming is another  
5 senior guy that is in the process of moving to Cleveland --  
6 Cincinnati. And I'm not sure where he was at the -- it's  
7 --

8 CHIEF INTERVIEWER ROBINSON: Probably not?

9 DR. KING: I don't know. I really am not sure.

10 CHIEF INTERVIEWER ROBINSON: Possible.

11 DR. KING: Somehow I think probably not,  
12 because I remember early on explaining to him what had  
13 happened and everything. So chances are he wasn't here.

14 CHIEF INTERVIEWER ROBINSON: Rebecca Zacks?

15 DR. KING: Rebecca is a technician, yeah.

16 CHIEF INTERVIEWER ROBINSON: And five-day-a-  
17 week?

18 DR. KING: Yeah.

19 CHIEF INTERVIEWER ROBINSON: Probably not.  
20 Patrick Kunzler?

21 DR. KING: Yeah. Patrick is likely.

22 And then Sosumo is -- was in Japan, and --

23 CHIEF INTERVIEWER ROBINSON: Okay.

24 DR. KING: -- and I was -- I walked into it on  
25 Monday.



1 CHIEF INTERVIEWER ROBINSON: And are there any  
2 additions? I mean, you said this was kind of an old list.  
3 Are there any other --

4 DR. KING: No, it seems to be about right. If  
5 I think of anybody, I'll --

6 CHIEF INTERVIEWER ROBINSON: Okay.

7 DR. KING: -- I'll remind you. But I --

8 CHIEF INTERVIEWER ROBINSON: And you weren't in  
9 on that, so --

10 DR. KING: No. No, I was not.

11 CHIEF INTERVIEWER ROBINSON: Okay. And there's  
12 no record of ingress or egress from the lab by any --

13 DR. KING: No.

14 CHIEF INTERVIEWER ROBINSON: -- of the  
15 researchers? They don't sign a log or anything like that?

16 DR. KING: It's a typical academic research lab  
17 in a very busy location. It just tends not to shut -- it  
18 has a peak time of the day and into the evening, and then,  
19 you know, at either end there's sort of a few people  
20 around, maybe all night sometimes.

21 CHIEF INTERVIEWER ROBINSON: Okay. When was  
22 the first time that you became aware of this incident?

23 DR. KING: On the Monday following the  
24 incident. I walked -- I came in and a couple of folks told  
25 me that the thing had happened. And shortly after that, I



1 ran into Yuguing, and then we began -- you know, we  
2 discussed it.

3 CHIEF INTERVIEWER ROBINSON: You talked to him  
4 in the lab that month?

5 DR. KING: Yeah. Yeah, I did, asked him what  
6 happened and, you know, we began to proceed from there.

7 CHIEF INTERVIEWER ROBINSON: Which of the folks  
8 were the ones that told you as you came in?

9 DR. KING: Well, my little office there is  
10 right in 342, and there's a bench -- you know, there's a  
11 couple of -- Rebecca Zacks and Christiaan Levelt worked  
12 right there. They -- I usually run into them when I first  
13 come in, so they told me about it.

14 CHIEF INTERVIEWER ROBINSON: Okay. Okay. And  
15 what was the nature of your conversation with Yuguing?  
16 What did he say?

17 DR. KING: Well, for me, it was fact finding.  
18 You know, I said, "What happened?" And he said, "He got  
19 contaminated." And we sat down and he sort of went over  
20 what had happened up to that point, and, you know, with his  
21 -- the process with the radioisotopes people. You know,  
22 how it had gone.

23 CHIEF INTERVIEWER ROBINSON: Okay.

24 DR. KING: And then we --

25 CHIEF INTERVIEWER ROBINSON: What was his



1 general demeanor? How -- was he worried? Was he nervous?  
2 Was he calm?

3 DR. KING: Well, he -- not knowing -- you don't  
4 know Yuguing, but he -- he was very focused on the  
5 situation. That's the way I can say it. Not -- he doesn't  
6 show a lot on the outside, other than he gets very focused,  
7 you know. He sort of approached it that he -- he was going  
8 to figure out what happened.

9 CHIEF INTERVIEWER ROBINSON: He was a  
10 researcher in the lab when you first came. He was already  
11 there.

12 DR. KING: Yeah, he has been there several  
13 years, yeah. Right.

14 CHIEF INTERVIEWER ROBINSON: Okay. So go  
15 ahead. What did you do in the way of fact finding? What  
16 did you find out?

17 DR. KING: Well, I -- you know, he just  
18 described -- I can go through what he described.

19 CHIEF INTERVIEWER ROBINSON: Go ahead.

20 DR. KING: I mean, he -- he said that -- he  
21 described how he detected it, you know, at the -- when he  
22 wraps up a labeling, he tends to -- his routine is to put  
23 his hands in front of a monitor and check them. He's  
24 primarily interested in his hands, you know. So that's  
25 what he has been doing. And that day, when he checked it,



1 they were hot.

2 So he figured, well, he must have some on his  
3 gloves, so he did what most people do. I mean, he took his  
4 gloves off, washed his hands, and then checked them again  
5 and they were still hot. And then he took the monitor and  
6 realized his whole body was hot.

7 So after that, I don't -- I can't recall  
8 exactly the exact procedure he followed, but it involved --  
9 the thing I was interested in, he had called the isotopes  
10 people. They responded.

11 CHIEF INTERVIEWER ROBINSON: Who was that? Do  
12 you know?

13 DR. KING: It was Mitch and Don.

14 CHIEF INTERVIEWER ROBINSON: Don Haes?

15 DR. KING: Yeah. I don't know which one first,  
16 but he -- either he talked to the campus emergency thing  
17 first. I don't know exactly how it happened, but they  
18 actually went out to his house, I guess, that weekend. I'm  
19 not exactly sure when, but -- and checked everything that  
20 they could, and then checked his clothing and discovered  
21 that at a certain point his underwear was hot, you know,  
22 and that was quite a scientific thing, I guess.

23 Yuguang said that he had -- he washes his  
24 clothes once a week or something, and that he knew, you  
25 know, from the fact that these were on the bottom that it



1 must have happened that day. So that really is the source  
2 of the day it happened, you know, the underwear being  
3 labeled --

4 CHIEF INTERVIEWER ROBINSON: Right.

5 DR. KING: -- on that Monday, I guess, or what  
6 -- or Saturday, whenever it was.

7 CHIEF INTERVIEWER ROBINSON: When you were  
8 talking to him on Monday, did you ask him, or did he tell  
9 you if there was anyone else in the lab with him when he  
10 discovered that his hands were hot?

11 DR. KING: I don't really -- I don't remember  
12 talking to him about that exactly.

13 CHIEF INTERVIEWER ROBINSON: Did you do any  
14 investigation -- have you found out anything from talking  
15 to the other folks in the lab, if anyone knows anything  
16 about this incident?

17 DR. KING: Well, yeah, nobody knows anything  
18 about it. You know, over the time -- the thing that  
19 happened right in that same conversation is that I was --  
20 it was brought to my attention right away by Yuguing that  
21 he wanted -- I asked him if there's anything I can do, you  
22 know, just -- I was trying to help him get started with  
23 what he needed.

24 There was a long talk about the whole procedure  
25 with radioisotopes, because he took very early a position



1 that they were wrong, in terms of their estimates, and he  
2 did a lot of research himself on how -- you know, he took  
3 on a lot of the responsibility of figuring out how much was  
4 inside, you know. As being a scientist, you know, he --  
5 that was --

6 CHIEF INTERVIEWER ROBINSON: Sure.

7 DR. KING: -- his sort of way of dealing with  
8 it. But -- and he also mentioned to me he wanted me to  
9 check a particular vial of isotope that was -- we routinely  
10 get isotopes. Like P-32 is our major isotope, so we have a  
11 standing order for that, because we get CTP on -- every  
12 week, and every other week we get also ATP with it. And  
13 then we make special orders if we need more, but that's  
14 sort of our routine.

15 And there was a vial -- and, of course,  
16 everybody is interested in the freshest vial that comes in,  
17 and he wanted that vial. And when he went to get -- locate  
18 it in the freezer, it wasn't there, I guess.

19 CHIEF INTERVIEWER ROBINSON: And this was on  
20 the Monday --

21 DR. KING: Yeah.

22 CHIEF INTERVIEWER ROBINSON: -- that you were  
23 talking to him.

24 DR. KING: Yeah. Well, I'm not sure -- I think  
25 the day -- I can't remember exactly now how that went. I



1 can't remember exactly the whole story there, other than he  
2 focused me on that particular vial.

3 CHIEF INTERVIEWER ROBINSON: And to your  
4 knowledge, it was only because --

5 DR. KING: He had done --

6 CHIEF INTERVIEWER ROBINSON: -- it was the  
7 freshest vial? Or any other reason why you were --

8 DR. KING: I mean, according to his -- well,  
9 it's sort of a common thing in labs that everybody sort of  
10 converges on that fresh vial.

11 CHIEF INTERVIEWER ROBINSON: Sure.

12 DR. KING: So if he is doing work that day, he  
13 would go to that vial and not worry about the other stuff  
14 from the week before. And so does everyone else. So that  
15 sometimes the routine in our lab, since we don't have a hot  
16 room, people have to -- they take the isotope to their  
17 protected area, and they take an aliquot, and they put it  
18 back into the storage place.

19 And so sometimes a person will hand it to the  
20 next person, and they'll take it to their place. So the  
21 question was, where was it? Was it that, or what, you  
22 know? So he sort of wanted to know more about that --

23 CHIEF INTERVIEWER ROBINSON: I mean, when he --

24 DR. KING: -- that vial.

25 CHIEF INTERVIEWER ROBINSON: Yeah. How much



1 was left in that vial, is that -- was that his point? Or  
2 what --

3 DR. KING: He had a sense that that might have  
4 been a vial that was used to poison him. He actually gave  
5 me that impression that day. I mean, he -- he definitely  
6 was looking at that as a probable source.

7 CHIEF INTERVIEWER ROBINSON: Did he give you  
8 any logic behind that thinking?

9 DR. KING: No. No, I mean, he sort of had  
10 already assumed -- you know, he had already had that idea  
11 that somebody must have done this, and this must be the  
12 vehicle for it. So I went and did some investigation of  
13 it, and asked -- found -- at first, he thought that perhaps  
14 the vial -- nobody had seen that vial.

15 Well, it turns out that several people did use  
16 that vial, and it was transferred. But in the -- so far,  
17 I've only been able to account for -- I forget the number  
18 -- a little over half of that vial, in terms of usage, just  
19 from me interrogating people that were working during that  
20 period of time.

21 So that is the sort of circumstance around --  
22 you know, he directed me toward that. I did what I could  
23 and did that several times, you know, and I sort of left it  
24 back in August, or whatever. I haven't pursued it any  
25 further, you know, but that's -- that's sort of the hole



1     that's left.

2                   CHIEF INTERVIEWER ROBINSON:   Okay.

3                   DR. KING:   And after that, it became much more  
4     of how much -- there was a -- there has been a really major  
5     thing on how much he took in, and Yuguang's emphasis has  
6     been that -- that the radioisotopes people are -- came in  
7     with an extremely low estimate.   He knew that it was a lot  
8     more than that, and it has been this battle, as you know,  
9     probably as to whose measurements are correct.   That was  
10    the entire focus of that -- that situation for a week or  
11    two.

12                  CHIEF INTERVIEWER ROBINSON:   And in addition to  
13    just your looking at the quantity used from that vial, was  
14    there kind of an overall inventory taken over in the lab?

15                  DR. KING:   Yeah.   No, I did -- I went back to  
16    the first of July, I guess, you know.   I can't remember  
17    right now how far back.   But basically, the weeks around  
18    that time, just to check things out to see who had been  
19    using what, and I questioned each person, you know, and got  
20    some estimates on them.

21                  We deal in volumes, you know, and so my  
22    estimates are in volumes.   You know, people use 50  
23    microliters or 10 microliters.   They don't talk about  
24    millicuries.

25                  CHIEF INTERVIEWER ROBINSON:   And is that data



1 coming off of -- out of their notebooks, or had data coming  
2 off usage sheets of --

3 DR. KING: I tried to -- you know, it was a  
4 fairly -- fairly quick survey, although I did it several  
5 times. And some -- initially, it was by just memory, and  
6 then I went back and some people looked back in their  
7 notes. I tried to get a little -- a little more accurate,  
8 but -- and I had a sense that I pretty much exhausted what  
9 people had done, you know, during that period of time,  
10 because most people know. They do so many labelings a  
11 week, and they can sort of -- that's not to say that there  
12 might be some holes there somewhere.

13 CHIEF INTERVIEWER ROBINSON: Knowing that --

14 DR. KING: But that one vial I never --  
15 usually, you can sort of psyche out if -- well, somebody  
16 just doesn't remember. But I -- somehow I wasn't able to  
17 fill that hole yet anyway.

18 CHIEF INTERVIEWER ROBINSON: And that hole  
19 being about half of the volume in that vial?

20 DR. KING: Yeah. I mean, you guys have the  
21 number somewhere, but it's not exactly half. It comes --  
22 it was -- I think I estimated around 450 microcuries, or  
23 something like that. I mean --

24 MS. ULLRICH: What's the normal vial size in  
25 your standing order? Is it a millicurie?



1 DR. KING: A millicurie, yeah.

2 MS. ULLRICH: Okay.

3 DR. KING: Yeah.

4 CHIEF INTERVIEWER ROBINSON: And in terms of --

5 DR. KING: But it was -- that was -- those

6 numbers are very -- are definitely estimates, as you know.

7 It's a retrospective survey. I could get it maybe a little

8 more accurate by going back through everybody's notebooks.

9 CHIEF INTERVIEWER ROBINSON: And that's in a --  
10 in some type of a liquid solution?

11 DR. KING: Yeah. It comes in a buffer and --

12 CHIEF INTERVIEWER ROBINSON: Buffer.

13 DR. KING: -- very small -- in 100-microliter  
14 aliquots.

15 CHIEF INTERVIEWER ROBINSON: Okay.

16 DR. KING: Yeah. A millicurie, yeah.

17 CHIEF INTERVIEWER ROBINSON: 100 microliters of  
18 fluid?

19 DR. KING: Yeah. Yeah.

20 CHIEF INTERVIEWER ROBINSON: Okay. In each of  
21 the vials?

22 DR. KING: In a V-shaped vial. And the routine  
23 -- as people take aliquots. Every -- that's almost  
24 everywhere.

25 CHIEF INTERVIEWER ROBINSON: And you'll have to



1 excuse maybe my basic now, but how -- what's the volume in  
2 an aliquot?

3 DR. KING: 10 microliters --

4 CHIEF INTERVIEWER ROBINSON: 10 micro --

5 DR. KING: -- you know, is a standard. Some  
6 people -- if, you know -- if some people are doing a lot of  
7 labeling, they might withdraw 50, maybe even -- you know,  
8 they might take the whole millicurie if they've got a  
9 tremendous amount. But that's a lot of labeling, you know.  
10 A routine labeling is maybe 10 -- 10 microliters, a very  
11 small volume. The whole thing is quite small in volume;  
12 100 microliters is very tiny.

13 CHIEF INTERVIEWER ROBINSON: And at that point  
14 in time, any of the -- all of the researchers essentially  
15 had been trained and were authorized users? Or can we go  
16 down this list, and you can --

17 DR. KING: No, there's no way I can -- all of  
18 those people have gone through the MIT system. Yeah, they  
19 can't work in there if they don't.

20 CHIEF INTERVIEWER ROBINSON: Okay. So they've  
21 all -- they could all draw at that time.

22 DR. KING: Yeah. Any of those people that --  
23 except for Chong Chen is an electrophysiologist. I don't  
24 -- I'm -- he doesn't have a badge.

25 CHIEF INTERVIEWER ROBINSON: Okay.



1 DR. KING: But he doesn't work with us.

2 CHIEF INTERVIEWER ROBINSON: But he is the only  
3 one on this list, really, basically?

4 DR. KING: Yeah. They are all quite -- very  
5 experienced people, you know, people that have been in the  
6 business. There are a few people that come in that aren't  
7 molecular biologists that have to learn the use of  
8 isotopes, because we're beginning to be more of a  
9 neurobiology lab, like Chong and people like that.

10 But most of the people that have been there any  
11 length of time, and some people have been there a long  
12 time, are quite experienced with radioisotopes.

13 CHIEF INTERVIEWER ROBINSON: Are any of the lab  
14 personnel, to your knowledge, do any -- would any of them  
15 have any reason to dislike Dr. Lee enough to --

16 DR. KING: Not that I know of.

17 CHIEF INTERVIEWER ROBINSON: -- to contaminate?

18 DR. KING: No. Not that I know of.

19 CHIEF INTERVIEWER ROBINSON: Are there any  
20 professional jealousies among the lab researchers?

21 (Laughter.)

22 DR. KING: Well, of course, you know. Of  
23 course. I mean, the whole -- this whole community is very  
24 -- it's -- this is a very competitive place, a very -- not  
25 just in our lab, but on -- it's really -- competition is



1 more between our lab and the other labs around the country.  
2 It's a competitive field of research.

3 Our lab -- there is an attempt made, obviously,  
4 to not do too much overlap in a -- or you become less  
5 efficient with what you're trying to accomplish. So each  
6 person has their own emphasis and their own --

7 CHIEF INTERVIEWER ROBINSON: Around that period  
8 of time, were you aware of any arguments or problems  
9 between Dr. Lee -- specific problems between Dr. Lee and  
10 any of the other lab researchers?

11 DR. KING: I mean, in fact -- I mean, Yuguang  
12 is in the process of moving to -- he has a position out in  
13 Illinois that he got during the year. And the senior  
14 fellows, the last year they're there, often times it's a  
15 transition year for them. First, it's interviews, and then  
16 getting negotiations with the new university, planning a  
17 lab, so he is -- was in that process through the late  
18 spring and all summer, you know.

19 So most of the conflicts in the lab, routine  
20 conflicts, center around space and, you know, who has got  
21 what pipette, and so, you know, just routine conflict that  
22 can -- you know, it comes around that kind of work-related  
23 stuff, personality clashes, whatever. But it was -- that's  
24 what made it really surprising, because he was not in the  
25 loop there for months and months. That was -- he had just



1    come back -- actually, he had just come back into the lab  
2    to do a little work when this happened, which was really  
3    what was amazing about it. You know, it was just --

4                CHIEF INTERVIEWER ROBINSON: Was he out in  
5    Illinois, or was he just busy with that process, or --

6                DR. KING: I don't know. I -- like I said, he  
7    wasn't present as much the last -- during the months prior  
8    to that, but he was back and forth. You know, it's hard to  
9    keep track of where people are.

10               CHIEF INTERVIEWER ROBINSON: Is there anything  
11    that sticks out to you that could be of note to us as a  
12    possible --

13               DR. KING: No. No, there's not.

14               CHIEF INTERVIEWER ROBINSON: Nothing that  
15    sticks out in your mind that you've noticed?

16               DR. KING: No.

17               CHIEF INTERVIEWER ROBINSON: No disputes?  
18    Mr. Lee hasn't put any of the other lab researchers on  
19    report with you for anything?

20               DR. KING: Report?

21               CHIEF INTERVIEWER ROBINSON: Like, say,  
22    violating procedures or anything? That type of thing?

23               DR. KING: No. No.

24               CHIEF INTERVIEWER ROBINSON: Is Mr. Lee kind of  
25    a stickler for procedures?



1 DR. KING: He is an intense person, and he is a  
2 very aggressive person when he works, you know, in terms of  
3 his efficiency, not aggressive, you know, behavior-wise.  
4 He is very focused, and he is a very determined person.  
5 So, you know, all of the stuff that goes with that kind of  
6 personality is -- you know, he is not gentle or a loveable  
7 type of person, you know, but he is certainly within -- you  
8 know, he is a -- he is not atypical of a lot of research  
9 people, you know. He is in an area that's a little bit  
10 different than anyone else in the lab.

11 CHIEF INTERVIEWER ROBINSON: How?

12 DR. KING: Meaning that he does -- a lot of his  
13 work revolves around histology, and so that that leads him  
14 into the kind of activity that's separate from most of the  
15 people in the lab. Not -- even some of the work he does  
16 has to be done in other parts -- other parts of the  
17 facility, like where you need to section tissue or work on  
18 microscopes, and stuff like that.

19 CHIEF INTERVIEWER ROBINSON: Did he ever  
20 complain to you about somebody altering one of his code  
21 sheets that he was --

22 DR. KING: I heard -- I heard about that after  
23 this thing happened. And he came to me because someone --  
24 someone else had brought that to my attention. You know,  
25 Sue Ying, who runs that machine --



1 CHIEF INTERVIEWER ROBINSON: Okay.

2 DR. KING: -- mentioned -- mentioned that  
3 incident, that that -- Yuguing had brought that up as  
4 something that had happened to him.

5 THE WITNESS: Oh. What did --

6 DR. KING: Somebody had altered the C -- the  
7 routine on that machine, it makes -- it makes chains of --  
8 short chains of DNA by putting bases on sequentially, so it  
9 just keeps adding bases. It's sort of a dumb machine. It  
10 just adds things.

11 So the routine is that investigators will write  
12 -- you can write down the sequence you want, and it will  
13 make it. Technician Sue has to maintain the machine,  
14 program the information, and then it runs by itself, you  
15 know, until it's finished. So the log for that -- the  
16 question Yuguing raised was that there was one of these  
17 bases that had been changed from a C to a G by someone  
18 putting a T in there.

19 CHIEF INTERVIEWER ROBINSON: Okay.

20 DR. KING: And he said that's not his writing.  
21 And I think the question -- the thing that drove him back  
22 to that is that the particular probe -- the DNA didn't  
23 work, and they were looking for why, I think, and they  
24 discovered this one basic chain. I think that's how it --  
25 because Sue had just mentioned -- after this thing



1 happened, she had mentioned that to me.

2 CHIEF INTERVIEWER ROBINSON: But he didn't  
3 bring it to you.

4 DR. KING: He didn't -- but he did come by and  
5 tell me that I should keep that confidential, because it  
6 was part of the thing -- it was part of his sort of  
7 collection of evidence he wanted to present. Yeah.

8 CHIEF INTERVIEWER ROBINSON: So he told you  
9 that you should keep --

10 DR. KING: He didn't want that generally known.  
11 I said fine. Yeah, I said, "Sue just had mentioned that to  
12 me, and I knew about it."

13 CHIEF INTERVIEWER ROBINSON: Okay.

14 DR. KING: And she had told him that she told  
15 me. That's why he came to me and said that. So --

16 CHIEF INTERVIEWER ROBINSON: When somebody --  
17 when one of the researchers turns in a code sheet to Sue,  
18 does she usually work on that code sheet right then, or are  
19 they --

20 DR. KING: No. They --

21 CHIEF INTERVIEWER ROBINSON: -- or is there a  
22 backlog they accumulate?

23 DR. KING: The book just sits by the machine,  
24 and, you know, people add to it, and she -- I mean, there's  
25 usually a huge backlog, you know, and she is always trying



1 to catch up. Or somebody wants it right away, and she'll  
2 skip up to it. But it's very accessible and everything.

3 And I know that David McCoy mentioned that --  
4 has mentioned that to me as well. I mean, he has that as  
5 one of the things in his little pieces of evidence.

6 CHIEF INTERVIEWER ROBINSON: You told him  
7 basically the same thing you just told me, right?

8 DR. KING: Yeah, exactly. Maybe not in as much  
9 detail, but I told him the same thing.

10 CHIEF INTERVIEWER ROBINSON: Okay. Have you  
11 formed an opinion regarding Dr. Lee's conclusion as to when  
12 he was contaminated?

13 DR. KING: The time?

14 CHIEF INTERVIEWER ROBINSON: Or the day.

15 DR. KING: The day?

16 CHIEF INTERVIEWER ROBINSON: Or do you know  
17 that much about it?

18 DR. KING: Like most of this, it's like you  
19 can't -- I mean, what can you say? I mean, it's basically  
20 a story that has been presented, you know, based on what  
21 everybody knows now, and there's not -- I don't -- I can't  
22 make any real conclusions about it, other than this is --  
23 that, you know, Yuguang is making this claim that it  
24 happened then. And based on the evidence with the  
25 underwear and, etcetera, you know, I --



1 CHIEF INTERVIEWER ROBINSON: Did he kind of  
2 discuss that and go through that with you independently, or  
3 did that just come out as a result of, say, the --

4 DR. KING: Do you mean the --

5 CHIEF INTERVIEWER ROBINSON: -- McCoy talking  
6 to you, or something like that?

7 DR. KING: Sequence of it.

8 CHIEF INTERVIEWER ROBINSON: Yeah. Well, did  
9 he talk to you about his analysis of when he was possibly  
10 contaminated?

11 DR. KING: Oh, yeah, he has --

12 CHIEF INTERVIEWER ROBINSON: On his own, he  
13 came to you and --

14 DR. KING: Oh, yeah, we -- I mean, we --  
15 initially, I mean, I had tried to offer as much of an ear  
16 as I could, and he -- I'm considered a pretty neutral  
17 person in the lab, and, you know, he is -- he basically  
18 went through most of his thinking with me about it. And  
19 also, I sort of tried to give him any advice I could about  
20 it.

21 So I got most of it -- most of it is from him,  
22 and then I heard later from Mitch and the guys, you know,  
23 what -- what had happened as well. But most of my  
24 information about it is from Yuguang, yeah.

25 And I tried -- I was really concerned that --



1 the sooner it was gone, and I was really -- the way it was  
2 -- since Yuguing was taking this sort of defensive stance  
3 and -- with the isotopes people, and thinking that maybe  
4 somebody did it to him, and all of that, that I was trying  
5 to steer -- I wanted to steer him to somebody like Phil  
6 Sharp. I finally got him -- advised him to talk to Phil  
7 Sharp, because he was the -- at the time, in charge of the  
8 Cancer Center because Richard Hinds was gone.

9 CHIEF INTERVIEWER ROBINSON: I see.

10 DR. KING: So I sort of -- he didn't want to do  
11 that at first, but I said, "Well, I would definitely -- I  
12 think it would be a good idea to talk to someone about  
13 this, just to get help."

14 CHIEF INTERVIEWER ROBINSON: So Dr. Tonegawa  
15 was still in Japan at that time?

16 DR. KING: I did talk to him about it. I  
17 updated him on what was happening about it, you know.

18 CHIEF INTERVIEWER ROBINSON: Okay.

19 DR. KING: And said that, you know, what I had  
20 done. And then Yuguing came to me right during that  
21 particular time and was wondering about police -- what --  
22 you know, who is responsible for investigating this. I  
23 mean, my sense is he doesn't really necessarily know the  
24 American system that well, or he has some sort of foreign  
25 impression of it. I mean, he was just curious as to what



1 -- who he could turn to.

2           And I said well -- I would -- I would basically  
3 think that the campus police would be where you'd start,  
4 and the Cambridge Police. It would be their jurisdiction  
5 for something like that, and that -- I said in America, if  
6 you don't -- he sort of acted like, well, who is going to  
7 do that? And I said, "Well, my guess is you're going to  
8 have to do it, because in America you just don't -- you  
9 basically -- if somebody doesn't complain, if you don't  
10 complain, then nothing will happen about it."

11           But I suggested he wait until Sosumo got back,  
12 but he did -- he went ahead and went over and made an  
13 initial contact with them that same day I guess. He  
14 decided to do that, and I said, you know, I said, "Well,  
15 you know, you should decide whether you want to do that or  
16 not and then do it," you know.

17           CHIEF INTERVIEWER ROBINSON: About how long --  
18 was that during the week after it happened, or do you  
19 remember?

20           DR. KING: I can look back. No, it was a  
21 little -- I'm not sure if it was maybe two weeks. There  
22 might have been almost two -- I think it was the end of the  
23 second week after that. I can't -- I'll look back. When  
24 Sosumo was just due back the next -- the following Monday,  
25 so it was -- I think it was two weeks.



1 CHIEF INTERVIEWER ROBINSON: When you told  
2 Dr. Lee that he was going to probably have to file the  
3 complaint and start the ball rolling.

4 DR. KING: Yes.

5 CHIEF INTERVIEWER ROBINSON: Okay.

6 DR. KING: Because several -- I mean, he did  
7 that, and then the whole thing with Phil Sharp and  
8 whatever. When he did that -- when he decided to do that,  
9 I went to the people in charge and explained where things  
10 were. That's the thing that was bothering me is there's  
11 sort of a middle management guy. I mean, I -- I was seeing  
12 this thing go on.

13 And then when it hit that point, I said, well,  
14 I'll have to go to these guys and explain it. So I went to  
15 them and told them the whole -- filled them in on all of  
16 the information as to what was going on. And that's when  
17 Phil Sharp had a meeting with Frank and everyone, and  
18 discussed --

19 CHIEF INTERVIEWER ROBINSON: Frank Masse?

20 DR. KING: They offered to have the -- anybody  
21 that Yuguing -- Phil Sharp was trying to make -- give him  
22 anything that he could to help him out, so -- because he  
23 was feeling, you know, at that point, like the whole system  
24 was trying to cover the thing up. That was his general  
25 impression. So the offer was made, well, you know, you can



1 -- you can certainly go anywhere else.

2 CHIEF INTERVIEWER ROBINSON: So you can't think  
3 of anyone specifically who would have any animosity towards  
4 Dr. Lee?

5 DR. KING: No, I'm not prepared to say  
6 something like that. I can only say that the --

7 CHIEF INTERVIEWER ROBINSON: Well, is your  
8 answer no or that you're not prepared to say something like  
9 that?

10 DR. KING: You know, animosity is a dangerous  
11 word.

12 CHIEF INTERVIEWER ROBINSON: Well, and I'm not  
13 talking -- I mean, I'm not talking about --

14 DR. KING: I'm talking about routine frictions  
15 that happen between people. I've had friction with the  
16 guy, you know, just over, you know, ordering a microscope,  
17 and where is it, and that sort of interaction. Yes, that  
18 happens, and I would say he's got that kind of personality  
19 that he is not afraid to confront, even if you're a friend,  
20 you know.

21 CHIEF INTERVIEWER ROBINSON: Okay.

22 DR. KING: So it's all putting -- you know, it  
23 -- I was mad, you know, and I went back at him to push him  
24 away on it. So I would say that's about as far as -- and  
25 he has had that kind of encounter with any number of



1 people, so --

2 CHIEF INTERVIEWER ROBINSON: Okay. Can -- I  
3 mean, were you -- other than the encounter between you and  
4 he, were you a witness to any of the other encounters?

5 DR. KING: No, I don't think I've ever seen --  
6 I can't recall an incident that -- you know, other than I  
7 know -- I mean, I know the kinds of -- you know, he worked  
8 for the -- with the technician that was out on pregnancy  
9 disability. He had worked with her the year before, and  
10 she finally asked to be moved to a different person,  
11 because it was just too intense. I mean, he was just very  
12 -- he drives -- like I say, he is very focused and driven.

13 CHIEF INTERVIEWER ROBINSON: What is her name?

14 DR. KING: Chanel. Chanel Lovett, yeah.

15 CHIEF INTERVIEWER ROBINSON: Okay.

16 DR. KING: And she -- she left him last --  
17 around, you know, the winter, in there somewhere. And any  
18 time there's a changeover like that there is -- you know,  
19 there is a lot of discussion. He fought for her for a  
20 while, and then, you know, but it was largely on her part  
21 that -- she requested that she be transferred to another  
22 person.

23 CHIEF INTERVIEWER ROBINSON: And when you say  
24 that he fought for her, do you mean he tried to keep her  
25 working for him?



1 DR. KING: Yeah. Yeah. He definitely did.  
2 Technicians in a research lab are a big item, you know.

3 CHIEF INTERVIEWER ROBINSON: All right. All  
4 right.

5 DR. KING: And, at the time, it -- when I first  
6 came into the lab, the system was to share technicians,  
7 which created all kinds of tensions, because when is she  
8 going to be finished? Each person has a half-time, so  
9 there was quite a bit of tension over that.

10 But again, it's over territory and timing, and  
11 so -- and she was kind of caught in that kind of thing, and  
12 it was making her very tense all of the time. So I helped  
13 her -- you know, I suggested, well, you should go and  
14 discuss this with Mr. Sosumo, and he is very good about  
15 helping people get into the right circumstance for  
16 themselves, you know. He doesn't want people doing things  
17 they don't want to do. But he -- there was a -- you know,  
18 there was a struggle over that.

19 CHIEF INTERVIEWER ROBINSON: Okay. Any other  
20 situations like that that you can think of?

21 DR. KING: No, I -- that -- that took up a good  
22 deal of the summer out -- you know, summer and fall. That  
23 was my first sort of encounter with -- that was a problem I  
24 was dealing with, in terms of coordinator and sort of  
25 peacekeeper. That was sort of an event. I don't know if



1 -- I don't know if -- prior to that what might have  
2 happened.

3 CHIEF INTERVIEWER ROBINSON: Okay. I have kind  
4 of exhausted my main line of questioning. Betsy, do you  
5 have --

6 MS. ULLRICH: Yes, I just want to take -- we'll  
7 step away from that directly and just talk about what you  
8 can tell me that the Radiation Protection Office did in  
9 your laboratory in terms of following up on the event, on  
10 the incident. Because I know you had some changes occur in  
11 the laboratory.

12 DR. KING: Yeah. Well, there -- very early on,  
13 they were just trying to -- that first week, it seems like  
14 they were trying to work with Yuguing, and they came over  
15 and discussed with me what had happened. They were working  
16 with Yuguing to do the measurements. They had checked --  
17 they came in and checked everything. They did a total  
18 check of the lab to see if there was any contamination.

19 They checked his area. They checked the water  
20 coolers. they checked the refrigerator where the -- out  
21 near Sosumo's office. They checked everything, and then  
22 they came back and checked some more with some additional  
23 theories that it might be in Sharp's things, or whatever,  
24 you know? They were pretty exhaustive, I thought.

25 They -- so they did that sort of thing for it



1     seemed like a couple of days I guess.

2                 MS. ULLRICH: Did they check areas outside the  
3     laboratory as well?

4                 DR. KING: Well, the conference room and water  
5     cooler and everything are outside.

6                 MS. ULLRICH: Okay.

7                 DR. KING: And then they asked me -- I forget  
8     where I might have taken them, if there had been any other  
9     places, but there wasn't that much, you know, as far as  
10    obvious that -- other than his house, you know.

11                MS. ULLRICH: Right.

12                DR. KING: They really tried -- they began to  
13    get caught up -- I mean, Yuguing is a very demanding guy,  
14    so they -- they were beginning to realize that they -- and  
15    I had told them early on, I said, you know, Yuguing is very  
16    -- you know, he is an intense guy, so you can expect that  
17    he's going to, you know, want a lot of attention.

18                So they were trying to do -- and then I think  
19    they -- that week, they mentioned Frank, and they decided  
20    that he really needed to close the lab, at least just to  
21    get things -- to make sure they had control of what was  
22    going on. So they informed us that, you know, they were --  
23    that we wouldn't be able to use the isotopes. They came  
24    over and got -- we had a meeting.

25                I asked them if we had -- we had a lab meeting



1 with Mitch and Don, and they explained the whole thing, and  
2 then they took the isotopes over -- back over here.

3 CHIEF INTERVIEWER ROBINSON: When you say "a  
4 lab meeting," do you mean all of the researchers or just  
5 you and Dr. --

6 DR. KING: No, I asked -- I said for a general  
7 -- our general lab meeting was on Thursday, and I invited  
8 them over.

9 CHIEF INTERVIEWER ROBINSON: Oh, okay.

10 DR. KING: I said, you know, people really need  
11 to -- everyone needs to be, you know, told, you know,  
12 exactly what is happening, that they're not going to be  
13 able to use the isotopes and ask questions. And I -- and  
14 Yuguing was invited -- everybody was invited to that  
15 meeting.

16 And so they took the isotopes back, and then  
17 once they -- once they decided -- you know, they went  
18 through whatever they did, you know, to evaluate things  
19 further, and then we talked, and that's where -- and then  
20 they decided that we could start working again with the  
21 stipulation that we kept things in very tight security and  
22 dispensed the isotopes individually -- you know, so that we  
23 -- and I -- and I, myself, and two other people have keys  
24 to that.

25 So that's the system I, you know, agreed to do,



1 and they accepted that, and we've been on that -- and we've  
2 been, you know, keeping tight logs since.

3 MS. ULLRICH: And has that changed just in your  
4 laboratory, or is that throughout the building?

5 DR. KING: No, just in our lab.

6 MS. ULLRICH: Okay.

7 DR. KING: I don't know -- the people are  
8 concerned over there as to what the ramifications might be  
9 for that, but there hasn't been any -- I don't know what  
10 the MIT people have done in other locations.

11 MS. ULLRICH: Okay.

12 DR. KING: I just don't know --

13 MS. ULLRICH: All right.

14 DR. KING: -- what they've talked about. I  
15 just heard the general alert on the issue, you know,  
16 obviously around the building. I think a couple of people  
17 -- like Hidde Ploegh I think took -- made a little more  
18 secure situation for their isotopes. But I just don't  
19 know.

20 MS. ULLRICH: Typically, how often did you see  
21 them come through your laboratory before this?

22 DR. KING: Well, they come through once a week,  
23 you know.

24 MS. ULLRICH: Do they?

25 DR. KING: And sometimes more, depending on



1    what they have to do. But they come through and survey the  
2    lab routinely, you know, and point anything out to me that  
3    needs to be corrected, you know.

4                   MS. ULLRICH: Okay.

5                   DR. KING: And then if they have to come over  
6    for pickup or stuff like that, there's several people  
7    involved in that process.

8                   MS. ULLRICH: Okay. Now, this particular  
9    contamination was far higher than you normally would see.  
10   Have you had any other incidents like this that you can  
11   recall?

12                  DR. KING: No.

13                  MS. ULLRICH: Or any spills or other kinds of  
14   contamination incidents in your lab?

15                  DR. KING: Not since I've been there. I don't  
16   know what might have happened before, but not --

17                  MS. ULLRICH: Sure.

18                  DR. KING: I understand the lab was on  
19   probation before I got there. I mean, just -- I think  
20   because of sort of general clutter, you know.

21                  MS. ULLRICH: Okay.

22                  DR. KING: It's such a crowded place, and the  
23   people -- these people are working so much that they really  
24   don't care that much about how -- neatness. You know, it's  
25   just -- it's just part of the whole thing. I mean, there's



1 no time to be neat.

2 But in terms of their efficiency and knowing  
3 what they're doing, that is something that people on the  
4 outside don't necessarily see. But it's pretty -- it's  
5 good. I don't know what, before I came, might have  
6 happened. But since I came, there has been -- it has been  
7 pretty routine.

8 Isotope-wise, it's a very routine lab. There's  
9 not -- they don't -- there's no big deal stuff there at  
10 all. I mean, they've made probes, you know.

11 MS. ULLRICH: And just to kind of put his use  
12 in perspective, what is your standing order every week?  
13 Are you ordering one millicurie, 10 millicuries a week?  
14 How much is --

15 DR. KING: Well, as I --

16 MS. ULLRICH: -- being used in the lab?

17 DR. KING: We order one millicurie of CDP, and  
18 then every other week we get --

19 MS. ULLRICH: Okay.

20 DR. KING: -- a millicurie of each, so two.

21 MS. ULLRICH: Okay.

22 DR. KING: And then we go above that, if a lot  
23 of people are working. People usually flag to me that we  
24 need more. Like the -- in that particular month, it's a  
25 busy month in the summer for research. That particular



1 month I did have extra -- I had ordered extra isotope, so  
2 we had a few weeks there we had a pretty large quantity.

3 MS. ULLRICH: Okay.

4 DR. KING: But not -- not that big -- you know,  
5 an extra three vials or something.

6 MS. ULLRICH: Okay.

7 DR. KING: You know.

8 MS. ULLRICH: That's a good --

9 DR. KING: Yeah.

10 MS. ULLRICH: -- gives me a good sense of --

11 DR. KING: And we have residual stuff that's  
12 decaying, you know, that we -- that hangs around for a  
13 while. But, you know, after a week, nobody cares about --

14 MS. ULLRICH: Right.

15 DR. KING: So we just sort of -- I keep it sort  
16 of separate and it decays.

17 MS. ULLRICH: Okay.

18 DR. KING: So it's pretty routine.

19 MS. ULLRICH: Sure. Okay.

20 CHIEF INTERVIEWER ROBINSON: When you went back  
21 to July, or whenever your starting point was for the -- for  
22 your inventory, what you did, how did you determine how  
23 much you had on hand at that point?

24 DR. KING: Well, we do log in what comes in. I  
25 mean, I --



1 CHIEF INTERVIEWER ROBINSON: Okay.

2 DR. KING: So we know each week that we  
3 received a vial or two, or whatever. That's recorded, you  
4 know, so we have -- we know that.

5 CHIEF INTERVIEWER ROBINSON: Right.

6 DR. KING: And then as far as usage, usage is  
7 sort of the weakest link in this whole business, because of  
8 -- well, disposal is too, but there is a system that's --  
9 you know, you're supposed to sign out for disposal.

10 You're supposed to sign out for a lot of -- for  
11 usage as well, but the whole thing is based on the  
12 investigators -- how -- how good they are at that, how  
13 faithful they are. In general, it's not -- it's kind of  
14 hard to get any kind of accurate -- accurate read on that.

15 The way I did the usage was to go and actually  
16 ask people, which is more accurate.

17 CHIEF INTERVIEWER ROBINSON: Right.

18 DR. KING: But it is retrospective.

19 CHIEF INTERVIEWER ROBINSON: And I recognize,  
20 you know, you -- you've become -- you're aware of how much  
21 you receive starting at any given week.

22 DR. KING: Yeah. But --

23 CHIEF INTERVIEWER ROBINSON: I guess my  
24 question was, how much did you know was on hand at that  
25 point, before you received it? Do you understand my



1 distinction there? In other words, yeah, your order --  
2 you've got a standing order --

3 DR. KING: Yeah.

4 CHIEF INTERVIEWER ROBINSON: -- for two vials  
5 every other week, or something like that. How did you  
6 determine what was actually in the cabinet on hand --

7 DR. KING: Before starting --

8 CHIEF INTERVIEWER ROBINSON: -- at your  
9 starting point?

10 DR. KING: At the starting point. I didn't  
11 really determine that myself, although routinely we -- as  
12 we order, we have to put an estimate of what we've got in  
13 stock.

14 CHIEF INTERVIEWER ROBINSON: Oh, okay.

15 DR. KING: Of course, you know, a lot of the  
16 stuff is decaying. You know, some of it might be from two  
17 or three months or earlier, with tiny amounts, residual  
18 amounts left, and that sort of thing. So I make an  
19 estimate of what I have on hand, which is usually from half  
20 a millicurie to, you know, maybe one and a half or some,  
21 whatever -- three.

22 And I'm usually aware, if I've got a large  
23 inventory. Like when I make extra orders, I know that I've  
24 got an excess of stuff, you know.

25 CHIEF INTERVIEWER ROBINSON: How often do you



1 do -- I mean, did you just kind of take a look and -- once  
2 a week and see if you're starting to run a little bit low?

3 DR. KING: Yeah. Well, as I say, I mean, the  
4 way we've got it set up, most times it's used up, and the  
5 need is usually to add more, you know.

6 CHIEF INTERVIEWER ROBINSON: Okay.

7 DR. KING: Once in a while, if they have a slow  
8 week, you've got a vial that makes it -- that doesn't --  
9 you know, it doesn't get used. But the decay on P-32 is so  
10 fast that, you know, after a few weeks I don't really think  
11 about it.

12 CHIEF INTERVIEWER ROBINSON: So usually you run  
13 out of it.

14 DR. KING: Yeah.

15 CHIEF INTERVIEWER ROBINSON: As opposed to  
16 having to dispose of decayed stuff.

17 DR. KING: Usually, I run out. And if people  
18 are anticipating it, they come to me and say, "We need a  
19 couple more vials next week." And then I'll order that.

20 CHIEF INTERVIEWER ROBINSON: Okay.

21 DR. KING: That's the way it works. I try not  
22 to have excess, because I don't want to spend any more --

23 CHIEF INTERVIEWER ROBINSON: Anything more?

24 MS. ULLRICH: No, I don't have anything else.

25 CHIEF INTERVIEWER ROBINSON: John?



1 TEAM LEADER GLENN: Just a little bit about the  
2 security in the lab.

3 DR. KING: Yeah.

4 TEAM LEADER GLENN: One thing I was wondering  
5 about, you know, after we did the tour yesterday, it looks  
6 like it would be almost impossible to lock the laboratory.  
7 So I guess --

8 DR. KING: It's not. It's not really. I mean,  
9 it's just that the people are in there a lot.

10 TEAM LEADER GLENN: Yeah. So I guess my  
11 question is, are there any times when there's no one in  
12 there that -- if there are times like that, is it locked?

13 DR. KING: It's generally -- yeah. What we try  
14 to do is since -- we have a fairly large population of  
15 women in the lab, and the Cancer Center does have petty  
16 thefts occasionally, because you can access the building  
17 through the stairwells. They don't really have a good  
18 central locking setup, although they do lock the buildings  
19 after a certain hour.

20 But we've had things in the middle of the day  
21 happen when there's -- everybody is there, so not -- not so  
22 much in our lab, but there was one that hit a -- lab not  
23 too long ago. Somebody just walked in and took a computer  
24 right at 2:00 in the afternoon.

25 So what we do at night -- since -- and



1 particularly since there are a lot of women in the lab  
2 working, sometimes until 3:00 in the morning or something,  
3 we make sure that the peripheral doors at least -- you  
4 know, all of the perimeter is closed. I mean, and there  
5 are quite a few doors.

6           The office door usually gets locked the  
7 earliest probably. The one to -- from entering from the  
8 hall into Sosumo's area, because the secretaries and even  
9 he will leave reasonably early. And although he is there  
10 fairly late sometimes, but that door gets locked, because  
11 we have computers and stuff up there.

12           And then we -- that whole corridor next to  
13 Building 18 gets closed first because it's the least  
14 active. The back corridor has got people going in and out  
15 all the time, so that's one of the last to get closed down.  
16 But that ultimately -- you know, when I walk out, I usually  
17 walk -- do a walkthrough. And if there's only a couple of  
18 people in there, I will lock that door. I will tell them,  
19 I'll say, "I'm -- you know, I'm -- you're the only person  
20 left. I'm locking the door, you know, when I go out." And  
21 then I always check the computer room, because that's sort  
22 of off by itself in the --

23           TEAM LEADER GLENN: Okay. But it would be the  
24 policy, then, that if you're leaving the lab unattended,  
25 that it would be locked?



1 DR. KING: There's a policy for it, and we, in  
2 fact, do that in the evening time. But there are always  
3 times that, obviously, later in the day that --

4 TEAM LEADER GLENN: You may have already  
5 answered my next question. And that would be, would there  
6 be an opportunity for someone, you know, to come into the  
7 lab and perhaps put something in food that was stored in  
8 the refrigerator or something like that?

9 DR. KING: Yeah.

10 TEAM LEADER GLENN: But if it had --

11 DR. KING: I think there is --

12 TEAM LEADER GLENN: -- had that opportunity.

13 DR. KING: Well, the refrigerator in question,  
14 you know, is in a place that's kind of vulnerable. It's  
15 vulnerable, and it's not vulnerable. It's right close to  
16 Sosumo's office actually. It's in the front where the  
17 xerox and all of that is, and people have to come and get  
18 that food and go all of the way back around to the  
19 conference room to eat it.

20 So if nobody was in those front offices, you  
21 could easily, you know, come in, take something out of the  
22 refrigerator and leave, and nobody would see you at any --  
23 in a given timeframe, I suppose. Or if you were a  
24 stranger, it seems like it would be a lot harder because  
25 somebody would notice, but -- so that -- that area is kind



1 of vulnerable I guess. And, particularly, I learned that  
2 you -- that Yuguing had left his food overnight in that  
3 refrigerator. So --

4 TEAM LEADER GLENN: What about drinking  
5 beverages? Does any of that occur in the laboratory?  
6 Sodas? Coffee?

7 DR. KING: They're not supposed to, you know.  
8 People obviously violate that kind of stuff, and they get  
9 reprimanded for it. But occasionally, you know, or they --  
10 people will walk through -- you know, find somebody on  
11 their way taking a shortcut and yell at them, or whatever.

12 TEAM LEADER GLENN: So none of the researchers  
13 -- I mean, even drinking water, like a glass of water?

14 DR. KING: No, no, no. I mean, that's against  
15 the rules.

16 TEAM LEADER GLENN: Oh, is it?

17 DR. KING: Absolutely.

18 TEAM LEADER GLENN: To drink a glass of water  
19 in the lab?

20 DR. KING: Any kind of food in the lab is --

21 TEAM LEADER GLENN: Okay.

22 DR. KING: -- you know, that's their official  
23 line that -- any place in the country you go.

24 TEAM LEADER GLENN: So you all have to go to  
25 the lounge. You go to the refrigerator and then you go



1 to --

2 DR. KING: The refrigerator is out in the  
3 front, and we -- there used to be a conference room in the  
4 front. That's why the refrigerator is out there where  
5 people would eat, but now it's around on the other side.  
6 But it's a common one, so we can't put our refrigerator  
7 back there. It's kind of a cumbersome thing. But, yeah,  
8 they're not supposed to have --

9 TEAM LEADER GLENN: A lot of the researchers  
10 bring in their lunches and leave them in that refrigerator  
11 and bring their meals or just --

12 DR. KING: There's a certain core of people  
13 that do that, you know, including Yuguing. And there's  
14 some people that eat this -- some of the -- there are  
15 several Japanese post-docs and a few Chinese, they are  
16 routine about that. They keep their food in there, and  
17 then they bring it in and -- and microwave and eat it, or  
18 whatever, you know.

19 TEAM LEADER GLENN: And just one more thing,  
20 and I'll let you get back to your --

21 DR. KING: Get back to --

22 (Laughter.)

23 TEAM LEADER GLENN: It wouldn't be -- if, say,  
24 one of the researchers were to take one of the vials out of  
25 the refrigerator that you showed me yesterday where they're



1 keeping the nuclide --

2 DR. KING: Yeah.

3 TEAM LEADER GLENN: -- the isotopes, it would  
4 be very easy for them to unnoticeably walk out to the other  
5 food refrigerator and -- I mean, especially if they  
6 normally kept their food in the refrigerator, and just pour  
7 some of that vial on our -- on some food.

8 DR. KING: Well, it wouldn't be easy to pour  
9 it. I mean, it --

10 TEAM LEADER GLENN: Okay.

11 DR. KING: The problem with that whole scenario  
12 -- I mean, it's -- certainly, they would not be noticed if  
13 they routinely went to that refrigerator. Or even if they  
14 didn't routinely, nobody would pay much attention if they  
15 went to get the food out, you know. They could just walk  
16 out the front door, and nobody would say anything, you  
17 know.

18 To put isotope on there, unless they had some  
19 -- the problem is it's -- even -- the amount he had is  
20 large, and people would recognize it. But in a layperson's  
21 term, it's still a drop. I mean, it's not -- it's not a  
22 lot, and it really is not an easy thing to dispense. I  
23 mean, you know, you'd have to -- the way we do it is with a  
24 specialized pipette. It has a very fine tip, and, you  
25 know, you have to press it out with air for it -- and it



1 comes out as a little drop.

2 So you certainly couldn't do that. You  
3 couldn't come to that refrigerator and do that, so you'd  
4 have to take the food --

5 TEAM LEADER GLENN: Well, if you were trying to  
6 conceal a pipette with some drops on it --

7 DR. KING: I don't think it would -- I think  
8 that would -- in this -- it's possible, but that is such a  
9 public area.

10 TEAM LEADER GLENN: Okay.

11 DR. KING: And the procedure of doing it is so  
12 conspicuous, if you've got a pipette.

13 TEAM LEADER GLENN: Okay.

14 DR. KING: The only other thing you can think  
15 of is that the drop was put on some sort of little -- some  
16 sort of little frame and somebody went in there and just  
17 sort of poked it around or something like that. But to  
18 actually dispense that drop, it's -- it's -- you have to  
19 have something that can handle that kind of volume  
20 peacefully.

21 TEAM LEADER GLENN: Okay.

22 DR. KING: You know, it certainly could be  
23 done, but I'm -- my guess, if you really wanted to do  
24 something like that, you would take the food some place and  
25 doctor it, and then bring it back, or something.



1                   Now, Yuguang, I think he actually wraps his --  
2 his container is wrapped in --

3                   TEAM LEADER GLENN: Plastic?

4                   DR. KING: -- plastic, and he has a piece of  
5 fruit. Now, that's another potential. We discussed the  
6 fruit could be injected. A small item like that could be  
7 injected as well with isotope. That's another means. You  
8 could actually take a little syringe and --

9                   TEAM LEADER GLENN: Actually, that kind of gets  
10 back to one of the other areas. You mentioned sharps, I  
11 think, at one point.

12                  DR. KING: Well, that's what --

13                  TEAM LEADER GLENN: Are syringes used? And  
14 then, are there contaminated --

15                  DR. KING: Yeah.

16                  TEAM LEADER GLENN: -- needles around?

17                  DR. KING: Yeah. We have sharp containers  
18 especially for that purpose, and that we came -- we were  
19 going over this kind of thing, and somebody said, "Well,  
20 let's check the -- I think Phil Sharp actually is the one  
21 that suggested, why don't you check the sharp container,  
22 because you wouldn't normally expect it in there. But if  
23 it -- that much activity, if it was on a needle, you could  
24 pick it up. So Mitch and I went through all of the  
25 containers and --



1 TEAM LEADER GLENN: Do you have a policy on  
2 needle sticks, and that kind of thing? If somebody did get  
3 stuck, would they report it?

4 DR. KING: Well, there's certainly a big policy  
5 on sharps campus-wide, because their custodial service is  
6 really -- I worry about that. So --

7 TEAM LEADER GLENN: But I guess you don't --

8 DR. KING: But the people in the lab, I don't  
9 know if anybody would pay, you know -- unless they knew  
10 that -- people don't usually worry about it unless they  
11 know there is something to worry about, you know.

12 MS. ULLRICH: It depends on what they're  
13 working with.

14 DR. KING: Yeah. I mean, you know, if you were  
15 working with, you know --

16 MS. ULLRICH: Working with a virus --

17 DR. KING: You'd definitely do something about  
18 it, but -- so people know what they're doing. Most of our  
19 concern is for the custodial people, and that sort of  
20 thing, that they don't run into any kind of problems,  
21 because some of that stuff does have nasty stuff on it.

22 TEAM LEADER GLENN: Yeah. Was there any type  
23 of routine bioassay program in the laboratory, urinalysis,  
24 that sort of thing? Or was it only in --

25 DR. KING: No. We did -- they did that. That



1 was one of the other things they did early on is to check  
2 everyone's urine, because they -- because of the thing at  
3 NIH, they were worried about the water cooler, so they  
4 checked everybody out. Or everybody was offered that.

5 TEAM LEADER GLENN: Yeah. The incident at NIH,  
6 is that an incident that there was general knowledge of in  
7 the lab?

8 DR. KING: When it happened?

9 TEAM LEADER GLENN: Yeah.

10 DR. KING: My only -- my only -- I mean, I'm  
11 sure it was disseminated very rapidly through E-mail.

12 TEAM LEADER GLENN: Yeah.

13 (Laughter.)

14 DR. KING: The rumor mill definitely I -- I got  
15 feed -- the kind of feedback that told me that everybody  
16 sort of was hearing about it. And so officially, I mean,  
17 like I say, I was trying to go through the steps to make  
18 sure that MIT people sort of knew exactly -- not just rumor  
19 -- I mean, the rumor mill really distorts everything, so I  
20 -- I told them what I thought -- where things were and gave  
21 them an accurate picture.

22 Other than that --

23 TEAM LEADER GLENN: My last question is, has  
24 there ever been complaints from people about, you know,  
25 somebody has been eating their food? Taking their food out



1 of the refrigerator? Any complaints along those lines?

2 DR. KING: No. I can't -- that usually happens  
3 in places, too. Somebody drank my milk. Somebody used it  
4 for coffee or -- I've never heard anything surrounding that  
5 type of thing. I mean, we have been worried about Sosumo  
6 and that refrigerator, that somebody -- because of these  
7 mail bombings -- I mean, he is a Nobel laureate, the whole  
8 security thing with him is an issue, and that refrigerator  
9 being next to his office, I mean, I -- you know, we don't  
10 know -- that still is one of the theories that somebody  
11 might have actually meant that for him, you know.

12 TEAM LEADER GLENN: Okay.

13 DR. KING: Just thinking that perhaps, you  
14 know, they would -- they would come in and contaminate his  
15 food, because he does eat in his office a lot. So --

16 TEAM LEADER GLENN: Since you raised that, if  
17 someone other than one of the regular laboratory people  
18 were to be found inside the lab, what would be the reaction  
19 to the people who work there?

20 DR. KING: It would sort of depend -- I mean,  
21 if they were -- had suits on, they'd think they were  
22 salesmen, you know. If they hung around very long,  
23 somebody would say, "Hey, can I help you?" You know, it's  
24 that kind of -- they would certainly notice, because the  
25 place is so crowded, and there's usually -- it's usually



1 pretty obvious what they are. They are repair guys, or  
2 they're salesmen, or -- so it's -- and then, if they're in  
3 lay clothes, I mean, they usually break down into students  
4 or collaborators or a certain group of friends that come  
5 by, or whatever, you know.

6 So, I mean, a real -- a totally strange person  
7 would be noticed, you know, and maybe somebody would say  
8 that --

9 TEAM LEADER GLENN: Then --

10 DR. KING: It's a tense place, in that regard.  
11 I mean, it's --

12 TEAM LEADER GLENN: You don't recall any  
13 strangers being noted during this timeframe?

14 DR. KING: No. The only thing -- the weird  
15 thing that happened to me, though, is that Hidde Ploegh's  
16 secretary --

17 CHIEF INTERVIEWER ROBINSON: Whose?

18 DR. KING: Hidde Ploegh, it's the next lab --  
19 it's the lab on our corridor, third floor.

20 CHIEF INTERVIEWER ROBINSON: Hidde Ploegh?

21 DR. KING: Hidde Ploegh.

22 CHIEF INTERVIEWER ROBINSON: Okay.

23 DR. KING: Yeah. He is a Dutch guy. His  
24 secretary came up to me -- I forget when. I think it was  
25 that first -- maybe the first day that it came up, when I



1 talked to Yuguang. But certainly, that first week she  
2 said, "Is there anybody -- is there some sleazy guy,  
3 Chinese guy in your lab?" I said, "What?" You know, she  
4 said, "Well," she said, "I was down in the mail room,  
5 downstairs, to get the mail and some -- there was a strange  
6 -- a sleazy Chinese guy that was looking in your mailbox --  
7 in Sosumo's mailbox," you know.

8 And when she went in there she said he took off  
9 in a suspicious sort of way, you know, and I said, "Well,  
10 that's strange." And, of course, so the secretaries  
11 particularly are worried about the mail --

12 CHIEF INTERVIEWER ROBINSON: Yeah.

13 DR. KING: -- things, you know. And she was  
14 serious about it. I sort of laughed at it at first, but --  
15 and she -- I think she did report it at the time. But it  
16 just sort of was one of those things that seemed -- nothing  
17 more came of it, but that was the only -- that was sort of  
18 a weird thing that happened then at that particular time,  
19 in terms of strangers. But other than that, there was  
20 nothing noticeable.

21 CHIEF INTERVIEWER ROBINSON: Gregg, do you have  
22 anything else?

23 MR. GONECONTO: Just a couple of quick  
24 questions. Do you know if like in the last six months or  
25 so that -- whether or not Mr. Lee has been having any



1 personal problems that you know of?

2 DR. KING: No. You know, in fact, things seem  
3 to be going pretty good for him. I mean, he got -- I mean,  
4 in academic terms, getting a faculty position some place is  
5 a major event in somebody's life, you would think.

6 I mean, he's -- like I say, he is not an easy  
7 guy to read so to speak. He keeps things on a pretty  
8 focused plane. But I think he was feeling pretty good  
9 about his job offer and all of that, and he was very busy  
10 with that, you know. So I wasn't aware of any kind of --

11 MR. GONECONTO: Who would you say he is closest  
12 to in the lab?

13 DR. KING: Well, Ming Xu is probably the guy he  
14 -- he talks a lot to Ming Xu. I don't know in terms of  
15 personally how close they are, but they just -- they talk  
16 quite a bit, because -- and they're -- Ming's bench is  
17 close to my office, so I -- I observe that quite a bit, you  
18 know, that they -- they talk to each other a lot, you know,  
19 somewhat on a professional basis I think, but --

20 MR. GONECONTO: How has this affected his  
21 moving to Chicago?

22 DR. KING: I was just talking to him this  
23 morning. You guys had finished with him, actually. He was  
24 saying that he would probably have to delay that start  
25 there a couple of months, because he can't work for three



1 months. There is something about a three-month -- I don't  
2 know whether it's the -- I don't know. I wasn't really  
3 sure why, but he -- it's partly because of this disability  
4 thing, or -- he said he couldn't start working for three  
5 months.

6 MR. GONECONTO: Because of this incident?

7 DR. KING: Yeah. So if he decided to go to --  
8 starting from today, he would have to delay it three  
9 months, and so that it would start later than his November  
10 start date, which is what originally it was set.

11 MR. GONECONTO: And what is his status with --  
12 that is, is he on a visa? Or do you know about --

13 DR. KING: I'm not really sure exactly what his  
14 status is at this point, you know. I don't -- I'm not  
15 really sure. I would imagine he would have to have a -- a  
16 pretty good situation there to get a permanent position at  
17 a state university, I would think.

18 MR. GONECONTO: Right.

19 DR. KING: You know? I'm not exactly sure.

20 MR. GONECONTO: I don't have any other  
21 questions.

22 CHIEF INTERVIEWER ROBINSON: Is there anything  
23 that we haven't talked about, or any area that we haven't  
24 discussed that you think might be important to your  
25 understanding of our investigation, or that you'd like to



1 address?

2 DR. KING: No, I don't think so. I mean, I  
3 think you're almost at the same point we all are at this  
4 point. You know, it's -- just to say that it -- and, I  
5 mean, I'm really -- the thing that disturbs me the most,  
6 obviously, from our standpoint is -- is any sort of  
7 accusations that someone -- I mean, the whole premise that  
8 someone in the lab did it is the most upsetting thing to  
9 us, you know.

10 First of all, it doesn't -- I mean, I think a  
11 lot -- a lot of people feel like it's extremely unlikely,  
12 although there are those that might support that. I just  
13 don't know what everybody is -- how everybody is going to  
14 come down on it. But I think, you know, it's very -- it's  
15 a very disrupting thing for our group --

16 CHIEF INTERVIEWER ROBINSON: What do you think  
17 happened?

18 DR. KING: -- to have to deal with that, you  
19 know.

20 CHIEF INTERVIEWER ROBINSON: What do you think  
21 happened? Do you have any theory about it?

22 DR. KING: I -- I don't know. I mean, I -- it  
23 breaks down into a couple of different camps, you know.  
24 There's -- some of the more experienced, cynical types,  
25 experienced people that have worked with isotopes a long



1 time, initially felt like he just -- it must have been an  
2 accident. Somehow he managed to contaminate himself.

3 But then, as the -- as the amount began to be  
4 more obvious, most people that are experienced realize when  
5 you're handling that much isotope you know where it is.  
6 You're aware of it, you know, and you -- if it's like five  
7 microliters, or something like that, it's -- you could sort  
8 of maybe lose that, or you could get it on your finger.  
9 It's about that much, it's like a whole pipette. So it  
10 stumps them.

11 You know, they say, "Well, that's -- that  
12 doesn't seem likely that it would be an accident." So then  
13 you move on to the next theory of --

14 CHIEF INTERVIEWER ROBINSON: So --

15 DR. KING: -- who might have done it or --

16 CHIEF INTERVIEWER ROBINSON: Yeah.

17 DR. KING: I think the most common thing that I  
18 sort of sense is that if it -- if it did happen there at  
19 all, and since he had come back into the lab to work, you  
20 know, he was actively working with it at the time and it  
21 was an accident. Nobody can understand why -- how or why,  
22 but they thought it was an accident. And the only thing  
23 that really causes a problem with that is the amount.

24 And there is probably -- there is a few people  
25 I think that probably, as you talk to people, might tell



1 you that they think somebody might have done it, you know.  
2 And as far as I can see from my observations, there is no  
3 physical evidence that it even happened there. So that's  
4 what is really disturbing about it, is it's basically an  
5 accusation with no -- the thing at NIH has at least got a  
6 cooler, and it's got --

7 CHIEF INTERVIEWER ROBINSON: Yeah.

8 DR. KING: This thing is really -- there is no  
9 trace. There is no trace anywhere --

10 CHIEF INTERVIEWER ROBINSON: Yeah.

11 DR. KING: -- of -- of -- except for his body,  
12 so --

13 CHIEF INTERVIEWER ROBINSON: Okay.

14 DR. KING: There's the outside possibility that  
15 somebody from the outside might have done it, which hasn't  
16 really been considered very much. I think people feel like  
17 that's the most -- at least the investigators -- I think  
18 there are people in the lab that feel like that's a real  
19 possibility.

20 CHIEF INTERVIEWER ROBINSON: Again, you've got  
21 to keep all possibilities open.

22 Okay. Anything else? Any other comments that  
23 you'd like to make?

24 DR. KING: No. No.

25 CHIEF INTERVIEWER ROBINSON: Well, we



1 appreciate your time this afternoon. We -- you know, if we  
2 have any additional questions, we may call you back, and  
3 you -- I think you know Dr. Glenn's number over here.

4 DR. KING: Yes.

5 CHIEF INTERVIEWER ROBINSON: If you've got any  
6 afterthoughts that you have after --

7 DR. KING: Sure.

8 CHIEF INTERVIEWER ROBINSON: -- after you walk  
9 out of here, you can certainly give us a call.

10 Anyone else have any additional final  
11 questions?

12 MS. ULLRICH: Here's a copy of the document for  
13 him.

14 CHIEF INTERVIEWER ROBINSON: All right. I'll  
15 give you a copy -- this is a document that talks about the  
16 transcript, and the procedures regarding review of the  
17 transcript, etcetera.

18 DR. KING: Okay.

19 CHIEF INTERVIEWER ROBINSON: So if you want to  
20 -- obviously, like I said at the beginning, if you want to  
21 -- if you want to review the transcript for corrections,  
22 and take a look at it, you're certainly welcome to do that,  
23 and we have an administrative lady that can handle that.  
24 And if you -- there will be an errata sheet provided, if  
25 you need to make corrections.



1 DR. KING: Okay.

2 CHIEF INTERVIEWER ROBINSON: Okay?

3 DR. KING: Okay.

4 TEAM LEADER GLENN: I guess just one thing that  
5 -- did you make any sort of documentation for the inventory  
6 you did? Did you write a memo?

7 DR. KING: Yeah, I did. Well, I didn't write a  
8 memo. I gave a -- Yuguing asked me to send him a -- I had  
9 the estimate up to a certain date there. I gave a copy to  
10 Don over here, and Yuguing called me before he went to the  
11 police and said that he wanted a copy of it for himself to  
12 take to them. So those --

13 TEAM LEADER GLENN: How could I describe that?  
14 I think that's probably a document I'll request that the  
15 Radiation Safety Office provide to us.

16 DR. KING: I would say it's an estimate of  
17 usage --

18 TEAM LEADER GLENN: Okay.

19 DR. KING: -- report.

20 CHIEF INTERVIEWER ROBINSON: Is that --

21 DR. KING: It's not a --

22 CHIEF INTERVIEWER ROBINSON: -- addressed from  
23 you to the office, or how is that -- in what form is it  
24 taken?

25 DR. KING: It's hand-done, and it's a xerox



1 given to Don and Yuguing.

2 CHIEF INTERVIEWER ROBINSON: Okay.

3 DR. KING: No, I would put in a word for the  
4 guys over here. I feel like they -- just for the record, I  
5 think they -- they've tried as hard as they can to deal  
6 with this -- a very, you know, obviously, confusing,  
7 difficult thing, the whole business. And, you know, I  
8 don't really have -- I personally don't have any -- well, I  
9 can't see much fault in their -- their activity.

10 CHIEF INTERVIEWER ROBINSON: Okay. So noted.

11 DR. KING: Yeah. Okay.

12 CHIEF INTERVIEWER ROBINSON: It's now  
13 4:27 p.m., and this interview is completed. Thank you very  
14 much.

15 DR. KING: Okay.

16 CHIEF INTERVIEWER ROBINSON: Appreciate it.

17 (Whereupon, at 4:29 p.m., the interview was  
18 concluded.)

19



## C E R T I F I C A T E

This is to certify that the attached proceedings before the United States Nuclear Regulatory Commission in the matter of:

Name of Proceeding: INTERVIEW WITH DENNIS KING

Docket Number: --

Place of Proceeding: Cambridge, Massachusetts

were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and, thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record of the foregoing proceedings.

---

K. Wood  
Official Reporter  
Neal R. Gross and Co., Inc.



Tonegawa Lab Isotope  
Inventory/Distribution Plan

9/1/95

Inventory/Distribution Officers - Dr. Dennis King - Lab Manager  
Shu Ying Huang - Senior Technician  
Dr. Toshikuni Sasakawa - Post Doc

Officers will be responsible for inventory management according to the following procedures:

- ① Items received will be logged into an inventory log sheet and stored in a locked box in -20°C freezer in room 347 Bld E17.  
Only the above mentioned officers will have keys.

Inventory log sheet : (Kept by Dennis King in room 342)

<u>Date rec'd</u>	<u>Vendor</u>	<u>Item Description</u>	<u>Lot#</u>	<u>Sp. Ac</u>	<u>Total</u>
-------------------	---------------	-------------------------	-------------	---------------	--------------

- ② Items will be dispensed to authorized users using the following request log (Kept by Dennis King in 342)

<u>Date</u>	<u>Name</u>	<u>Item Requested</u>	<u>- Quantity -</u>		<u>Purpose</u>	<u>approx Date of use</u>	<u>approx Date of Disp</u>
			<u>ml</u>	<u>μCi</u>			



Environmental  
Medical  
Service

MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
MEDICAL DEPARTMENT  
77 MASSACHUSETTS AVENUE, 20B-238  
CAMBRIDGE, MASSACHUSETTS 02139-4307



## ***RADIATION PROTECTION OFFICE***

To : File  
From : Donald Haes, Assistant Radiation Protection Officer  
Subject : Prof. Tonegawa Lab P-32 Inventory Assessment  
Date : September 12, 1995

A handwritten signature, likely of Donald Haes, in dark ink.

On Tuesday, 8/22/95, the Radiation Protection Office removed all stock vials of P-32 from Professor Tonegawa's laboratories. This was the result of the ongoing investigation of the P-32 internal contamination of a researcher. Dennis King, Laboratory Safety Manager for Professor Tonegawa's lab, was asked by the Radiation Protection Office to perform an inventory assessment for P-32 for the time period of 7/31 - 8/22/95 (see attachment A). The conclusion of this inventory assessment indicated that 7 vials of P-32 were received in that period, containing 700  $\mu\text{l}$  of P-32. RPO records verify that amount.

All P-32 was accounted for with the exception of approximately 51.7  $\mu\text{L}$ . Of this volume, 37  $\mu\text{l}$  can be traced to the vial received 8/14/95. This vial contained 1.00 mCi of P-32 with a calibration date of 8/19/95. The unaccounted volume of activity then represents 473  $\mu\text{Ci}$  of P-32 on 8/14/95.

In addition, all radioactive waste was removed, segregated, and marked. A search of the waste resulted in the retrieval of the vial in question. The vial was carefully removed from the waste stream, and is currently isolated.

Director  
20B-238  
(617) 253-5360  
Fax: (617) 253-4879

Biosafety Office  
20C-214  
(617) 253-1740  
Fax: (617) 253-4879

Industrial Hygiene  
20C-204  
(617) 253-2596  
Fax: (617) 253-4879

Radiation Protection  
Campus RPO 20C-207  
(617) 253-2180  
Fax: (617) 253-4879

Reactor RPO  
NW12-108  
(617) 253-4203  
(617) 252-1533

Bates LINAC C/O  
P.O. Box 95 21 Manning Road  
Middletown, MA  
(617) 253-9217 Fax: (617) 253-9599



*Attachment A*



8/31/95

Radioisotope Log for Aug 95 (7/31-8/19)

Total rec'd - 7/31 - 8/19 = 700  $\mu$ l (7 vials - 100  $\mu$ l each)  
<sup>of</sup>  
microliters

Lab used - 538.3  $\mu$ l

unused  $\approx$  100  $\mu$ l (8/5)

(RPO) 10  $\mu$ l (8/12)

648.3  $\mu$ l

700  $\mu$ l Total

648.3 used + unused

51.7 unaccounted

$$51.7 \times 10 \mu\text{Ci}/\mu\text{l} = 517 \mu\text{Ci}$$

Vial 8/19 - 100  $\mu$ l total

(Rec'd 8/14)

63  $\mu$ l used - Patrick, Ken, Hayden

37  $\mu$ l ~~unaccounted~~  
unaccounted

$\mu$ Ci est.

$$37 \times 12.5 \mu\text{Ci} = 462.5 \mu\text{Ci}$$

note:

Hayden used up last  
7  $\mu$ l and discarded  
on 8/16



## TONEGAWA RADIATION USERS

10-95-35

Name	Room	Phone	Title	Dept
Ashton-Rickardt, Philip	E17-347	3-8762	PDA	CCR
Bandeira, Antonio	E17-342	3-6439	Visiting Scientist	CCR
* Chen, Chong	E17-358	3-2276	HHMI PDA	CCR
Chen, Dong Feng	E17-347	3-8762	PDA	CCR
Cho, Michael	E17-347	3-8762	UROP	CCR
Delaney, Joe	E17-347	3-8762	Grad	CCR
Ebralidze, Alex	E17-346	3-7406	PDA	CCR
Gerber, David	E17-346	3-7406	Grad	CCR
Graziadei, Linda	E17-350	3-6522	PDF	CCR
Hasan, Mazahir	E17-346	3-7406	HHMI PDA	CCR
Hinds, Heather	E17-350	3-6522	Grad	CCR
Hsu, Albert	E17-360	3-6551	UROP	CCR
Huang, Josh	E17-358	3-6551	PDF	CCR
Huang, Shu Ying	E17-347	3-8762	Tech Assoc	CCR
Iwasato, Takuji	E17-350	3-6522	PDF	CCR
Lafaille, Juan	E17-360	3-6551	HHMI PDA	CCR
Levelt, Christiaan	E17-358	3-6551	PDF	CCR
Li, Yuqing	E17-347	3-8762	PDA	CCR
Lim, Dina	E17-342	3-6439	Tech Asst	CCR
* Lovett, Chanel W.L.	E17-342	3-6439	HHMI Tech	CCR
Marusic-Galesic, Suzanna	E17-357	3-6551	HHMI PDA	CCR
Poss, Ken	E17-346	3-7406	Grad	CCR
Prosser, Haydn	E17-342	3-6439	PDA	CCR
Qian, Zhuo	E17-360	3-6551	PDA	CCR
Sasaoka, Toshikuni	E17-350	3-6522	PDF	CCR
Shen, Jie	E17-347	3-8762	PDA	CCR
* Van de Keere, Fabienne	E17-360	3-6551	HHMI Tech	CCR
Wang, Yanyan	E17-358	3-2276	PDF	CCR

\* PROPOSED RADIATION WORKERS, NOT YET TRAINED



# TONEGAWA RADIATION USERS

Name	Room	Phone	Title	Dept
Wu, Min	E17-342	3-6439	PDA	CCR
Xu, Ming	E17-342	3-6439	PDA	CCR
Zacks, Rebecca	E17-342	3-6439	Tech Asst	CCR



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 10/3/90

1. Name ASHTON-RICHARDT PHILIP G Birth Date 8/20/63  
Last (Print) First M.I.
2. Social Security Number \_\_\_\_\_ Faculty Title SCIENCE
3. Department CENTER FOR CANCER RESEARCH Staff Title RESEARCH FELLOW
4. Office No. E17-347 Ext. 6459 Job Title \_\_\_\_\_
5. Lab. No. E17-347 Ext. 6459 Student \_\_\_\_\_ Year: \_\_\_\_\_
6. Project Supervisor SUSUMU TONEGAWA
7. Brief description of present work with radiation:

MAKING RADIOACTIVELY LABELLED NUCLEIC ACID  
PROBES ( $P^{32}$ )

DNA SEQUENCING ( $S^{35}$ )

8. Principal radioactive material to be used in your present work:  $P^{32}$  /  $S^{35}$

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
$P^{32}$	1	dCTP (liquid)	~50 $\mu$ Ci
$S^{35}$	1	dATP (liquid)	~20 $\mu$ Ci

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy: \_\_\_\_\_

AUTHORIZATION # CCR-M-3

SUPERVISOR TONEGAWA

RPO STAFF D. HARRIS

LAST NAME ASHTON-RICHARDT

FILM BADGE # 05408

SERIES CODE 341

TERMINATION DATE \_\_\_\_\_



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	P32	S35	I125				
Largest quantity handled	0.5mCi	0.5mCi	0.5mCi	0.5mCi			
Name and Addresses of Employers						Dates	
						From	To
EDINBURGH UNIVERSITY, MEDICAL SCHOOL EDINBURGH EH9 9AG						06-88	09-90

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes No Unknown

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	-------------------------------------	--------------------------

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

ANK I

1.	a. _____	b. _____	c. _____	d. _____	e. _____
2.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
3.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
4.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
5.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
6.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
7.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
8.	a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
9.	a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
10.	a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
11.	a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. <input checked="" type="checkbox"/>	e. _____
12.	a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. <input checked="" type="checkbox"/>	e. _____
13.	a. <input checked="" type="checkbox"/>	b. _____	c. <input checked="" type="checkbox"/>	d. <input checked="" type="checkbox"/>	e. _____
14.	a. <input checked="" type="checkbox"/>	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
15.	a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
16.	a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
17.	a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
18.	a. TIME	b. DISTANCE	c. SHIELDING	d. _____	e. _____
19.	THYROID USE AN IODINE BLOCK				
20.	100				



1. (a) Interviewed by D. HAES Date 10/5/90
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: TO NEGAWA
- (e) Authorization Reference: CCR-M-3

(Note: Interviewer will circle Yes or No for each item below)

(f) (Yes, No) \*Badge: Body \_\_\_\_\_ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # \_\_\_\_\_  
Dates monitoring badge issued \_\_\_\_\_, terminated 8/1/91

(g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

(h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Signature *John Ashton-McKewitt* Date 10/5/90



I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

Period		Employer and location	Whole body Exposure (rem)
From	To		
		TOTAL	

\* (Based on information supplied by individual and their employers)

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(7) Annual Exposure in rem units.						(Measured by Film Badges _____ TLD _____)					
Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 1.13.94

1. Name BANDEIRA FERREIRA ANTONIO  
(Print) Last First M.I.
2. Social Security Number 026-76-1617 Birth Date 12.29.55
3. Department CER Supervisor Tonegawa
4. Faculty — Staff — Student — Other —  
Title visiting scientist
5. Office No. — Ext. 6439 Lab No. E17-342 Ext. —
6. Project Supervisor Tonegawa
7. Brief description of present work with radiation:  
- cell cycle analysis  
- <sup>51</sup>Cr-release assays.  
- cell irradiation with Cobalt
8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<sup>3</sup> H-Thymidine	5mCi	liquid	1mCi
<sup>51</sup> Cr	5mCi	liquid	1mCi

9. Radiation producing equipment to be used in your present work:  
Type γ-cell irradiator Maximum energy 83kads/mn.

FILM BADGE # 06589  
SERIES CODE 6-11  
TERMINATION DATE —

AUTHORIZATION # CER-m  
SUPERVISOR S. Tonegawa  
RPO STAFF D. Hayes

FOR OFFICE USE ONLY  
LAST



**SECTION II PREVIOUS EXPERIENCE WITH RADIATION**

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	<sup>3</sup> H-Thym.	<sup>51</sup> Cr.				
GREATEST ACTIVITY USED	5 mCi 25 mCi	5 mCi				
EMPLOYER(S) NAME & ADDRESS					DATES FROM TO	
Medical school Lisbon PORTUGAL					1979	1993
Umeå University Umeå Sweden						
PASTEUR INSTITUT PARIS FRANCE						

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	
γ-irradiator	PASTEUR INSTITUT 25, Rue du Dr. ROUX 75015 PARIS	1982	1993

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

António Pineda Faria

Signature

1.13.94

Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HACS Date 1/13/94

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CCIR-14

Supervisor: S. TUNETAWA

Date Terminated: 8/1/94

Date Reactivated: ☐

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 04010 Reference # 64522240 Issue Date 1/25/94 Termination Date 8/1/94

Spare Badge # ☐ Reference # ☐ Issue Date ☐ Termination Date ☐

Spare Badge # ☐ Reference # ☐ Issue Date ☐ Termination Date ☐

Bioassay: Yes ☐ No ☒ :

U. <sup>235</sup>U ☐ <sup>238</sup>U ☐ Radionuclides ☐

In vivo Measurements: Whole Body ☐ Thyroid ☐



8070

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. c.
2. b.
3. ~~a~~ e.
4. b.
5. c.
6. C.
7. GM NaI
8. a
9. ~~a~~ c. d
10. a
11. ~~a~~ a. d
12. c.
13. ~~a~~ b. d
14. ~~a~~ a b c. CAB
15. c.
16. b.
17. b.
18. Time, distance shielding.
19. Thyroid
20. 100



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 12-14-93

1. Name CHEN DONG FENG  
(Print) Last First M.I.
2. Social Security Number 405-29-5781 Birth Date 10-12-63
3. Department Brain and Cognitive Sci. Supervisor Dr. Gerald E. Schneider
4. Faculty        Staff        Student        Other         
Title Postdoc. Associate
5. Office No. E25-634A Ext. 3-5717 Lab No.        Ext. 3-5717
6. Project Supervisor Dr. Gerald E. Schneider
7. Brief description of present work with radiation:

To be used for in situ hybridization

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u><math>^{35}\text{S}</math></u>	<u>20 mCi</u>	<u>Radioactive CTP</u>	<u>500 mCi</u>

9. Radiation producing equipment to be used in your present work:

Type        Maximum energy       

AUTHORIZATION # 9-I

SUPERVISOR Dr. Schneider

RPO STAFF REILLY

FILM BADGE # AA

SERIES CODE B41

TERMINATION DATE       

FOR OFFICE USE

LAST NAME



**SECTION II**    PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	$^{14}\text{C}$	$^3\text{H}$	$^{32}\text{P}$			
GREATEST ACTIVITY USED						
EMPLOYER(S) NAME & ADDRESS					DATES FROM                  TO	
Dr. Fred J. Roisen Dept. of Anatomical Sci and Neurobiology School of Medicine, Univ. of Louisville Louisville KY 40292					10-1986	2-1992


2. Previous experience with radiation producing equipment.

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM                  TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?                  YES    NO    UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year?                  YES    NO    UNKNOWN

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

                  Signature

12-17-93  
Date



SECTION III    TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: Judith Reilly                      Date 12/12/93

Type of Interview:    Radioisotope ☒    X-Ray ☐    Reactor ☐    Accelerator ☐

Instruction Material Supplied:    RPO Required Procedures ☒    Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐    Other ☐

Authorization No.: 9-I                      Supervisor: Ghawan / Schaefer

Date Terminated: \_\_\_\_\_                      Date Reactivated: \_\_\_\_\_

Film Badge:    Yes ☐    No ☒ :    Body ☐    Wrist ☐    Finger ☐

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Bioassay:    Yes ☐    No ☒ :

Urinalysis \_\_\_\_\_    Radionuclide \_\_\_\_\_

In vivo Measurements:    Whole Body \_\_\_\_\_    Thyroid \_\_\_\_\_



7090

## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. b2. c3. b4. c~~5.~~6. c~~7.~~ c~~8.~~ c~~9.~~ d~~10.~~ a~~11.~~~~12.~~ d~~13.~~ a~~14.~~ d~~15.~~ d~~16.~~ d~~17.~~ b~~18.~~~~19.~~

20.

Wear Lab coat, gloves. No Food, drink in the lab;3-2180, 3-2360 during work hour dial 100 after work hour



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 5-26-93

1. Name Cho Michael Birth Date 07-16-76  
Last (Print) First M.I.
2. Social Security Number 626-20-1802 Faculty Title \_\_\_\_\_
3. Department Biology / Whitaker College Staff Title \_\_\_\_\_
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title UROP'er
5. Lab. No. E25-438 Ext. 253-7683 Student MIT Year: '96
6. Project Supervisor ~~Kim Farrell Steller~~ Tonegawa
7. Brief description of present work with radiation:

Working with sequencing gels.

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<u>P32 / S35</u>	<u>1 mCi</u>	<u>liquid</u>	<u>100 <del>area</del> <sup>µCi</sup></u>

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 06402  
SERIES CODE B67  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCP-m  
SUPERVISOR Stetter-Tonegawa  
RPO STAFF Bert Irwin

FOR  
LAS



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled								
Largest quantity handled								
Name and Addresses of Employers						Dates		
						From	To	

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

--	--	--

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

90 %

- |     |  |  |  |  |          |
|-----|--|--|--|--|----------|
| 1.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. _____                               | e. _____ |
| 2.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. <input checked="" type="checkbox"/> | d. _____                               | e. _____ |
| 3.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. _____                               | e. _____ |
| 4.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. <input checked="" type="checkbox"/> | d. _____                               | e. _____ |
| 5.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. _____                               | e. _____ |
| 6.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. <input checked="" type="checkbox"/> | d. _____                               | e. _____ |
| 7.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. <input checked="" type="checkbox"/> | d. _____                               | e. _____ |
| 8.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. <input checked="" type="checkbox"/> | e. _____ |
| 9.  | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. <input checked="" type="checkbox"/> | e. _____ |
| 10. | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. <input checked="" type="checkbox"/> | e. _____ |
| 11. | a. _____                               | b. _____                               | c. _____                               | d. <input checked="" type="checkbox"/> | e. _____ |
| 12. | a. _____                               | b. _____                               | c. _____                               | d. <input checked="" type="checkbox"/> | e. _____ |
| 13. | a. <input checked="" type="checkbox"/> | b. _____                               | c. _____                               | d. _____                               | e. _____ |
| 14. | a. <input checked="" type="checkbox"/> | b. _____                               | c. _____                               | d. _____                               | e. _____ |
| 15. | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. _____                               | e. _____ |
| 16. | a. _____                               | b. <input checked="" type="checkbox"/> | c. _____                               | d. _____                               | e. _____ |
| 17. | a. _____                               | b. _____                               | c. <input checked="" type="checkbox"/> | d. _____                               | e. _____ |

18. shielding, time, distance

19. thyroid gland - was under hood due to volatility of I-131 (unburned)

20. 3-2180 or 100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by William Irwin Date 6/4/93
- (b) Type of Interview: Radioisotope ☒ Laser ☐ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: Stellar
- (e) Authorization Reference: 9-6

(Note: Interviewer will circle Yes or No for each item below)

- (f) ☒ Yes, ☐ No \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge # 9130/93  
Dates monitoring badge issued \_\_\_\_\_, terminated 9/30/93
- (g) ☒ Yes, ☐ No Bioassays: Urinalysis ☐ Radionuclides ☐  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Signature [Signature]

Date 6/4/93



Environmental  
Medical  
Service

MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
MEDICAL DEPARTMENT  
77 MASSACHUSETTS AVENUE, 20B-238  
CAMBRIDGE, MASSACHUSETTS 02139-4307



**RADIATION PROTECTION OFFICE**

TO: Parent or Legal Guardian  
FROM: M. Galanek, Associate Radiation Protection Officer  
SUBJECT: Dependent Minor Lab Work  
DATE: June 4, 1993

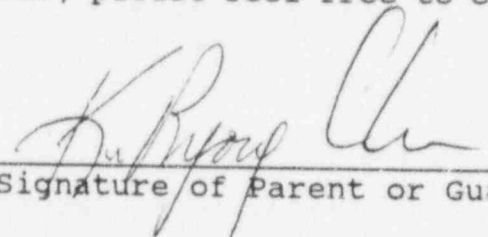
Dear Parent or Guardian:

Michael Cho will be performing work at MIT which will require their presence in a laboratory in which small amounts of radioactive material are handled. All of the workers in the laboratory have been trained in the safe handling of radioactive materials by members of the MIT Radiation Protection Office.

MIT is licensed by the Nuclear Regulatory Commission to possess and use radioactive material in basic research. All radiation workers are required to attend a radiation safety training seminar prior to beginning work with radioactive materials. The subjects covered during the seminar are safe handling techniques, radiation units, dose units, radiation detection, maximum permissible exposure limits, potential biological effects from exposures to radiation, waste disposal techniques, radiation survey techniques, contamination monitoring and control, emergency procedures, applicable federal and state regulations, radiation exposure monitoring, natural background exposure levels, and other topics specific to the work being performed in the laboratories. All radiation workers are required to pass a quiz at the end of the seminar to demonstrate their understanding of the subject matter.

Radiation workers involved in the type of work your daughter/son will be performing do not typically receive significant radiation exposure due to their work. (Average exposures for all radiation workers at MIT are less than 5% of the permissible levels). However, their exposures will be carefully monitored to assure they are kept as low as practical.

Your signature below acknowledges your awareness of this work and indicates your permission for the student to work in a radiation laboratory. If you have any questions, please feel free to call me at (617) 253-2180.

  
Signature of Parent or Guardian

Director  
20B-238  
(617) 253-5360  
Fax: (617) 253-4879

Biohazard Assessment  
20C-214  
(617) 253-1740  
Fax: (617) 258-6107

Industrial Hygiene  
20C-204  
(617) 253-2596  
Fax: (617) 253-4879

Radiation Protection  
Campus RPO 20C-207  
(617) 253-2180  
Fax: (617) 253-4879

Reactor RPO  
NW12-108  
(617) 253-4203

Bates LINAC RPO  
P.O. Box 95 21 Manning Road  
Middleton, MA  
(617) 245-6600 Fax: (617) 245-0901



I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. Social Security # \_\_\_\_\_

Period		Employer and location	Whole body Exposure (rem)
From	To		
		TOTAL	

\* (Based on information supplied by individual and their employers)

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

Monitoring period				Totals							
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 4/22/93

1. Name DeLaney Joseph R Birth Date 12/17/64  
Last (Print) First M.I.
2. Social Security Number 143-66-2225 Faculty Title \_\_\_\_\_
3. Department CCR Staff Title \_\_\_\_\_
4. Office No. E17 353 Ext. 3-6461 Job Title \_\_\_\_\_
5. Lab. No. E17 347 Ext. 3-8762 Student \_\_\_\_\_ Year: Grad
6. Project Supervisor Dr. Susumu Tonogawa
7. Brief description of present work with radiation:

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

AUTHORIZATION # CCR-M  
SUPERVISOR S. Tonogawa  
RPO STAFF D. HES

FILM BADGE # 06338  
SERIES CODE 541  
TERMINATION DATE \_\_\_\_\_

FOR OFFICE USE  
LAST NAME



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

Radionuclides handled		$^{32}\text{P}$	$^{35}\text{S}$						
Largest quantity handled		20 $\mu\text{Ci}$	10 $\mu\text{Ci}$						
Name and Addresses of Employers							Dates		
							From	To	
Rutgers University Piscataway, NJ							6/91	3/92	

2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	X	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
	X	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

- 100%
- |                 |             |             |             |          |
|-----------------|-------------|-------------|-------------|----------|
| 1. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 2. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 3. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 4. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 5. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 6. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 7. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 8. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 9. a. _____     | b. <u>X</u> | c. _____    | d. <u>X</u> | e. _____ |
| 10. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 11. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 12. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 13. a. <u>X</u> | b. _____    | c. _____    | d. _____    | e. _____ |
| 14. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 15. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 16. a. _____    | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 17. a. _____    | b. _____    | c. <u>X</u> | d. _____    | e. _____ |

18. limit time of exposure, wear protective clothing, maintain distance  
 19. thyroid. Since iodine will accumulate selectively in the thyroid, a thyroid test should be done after working with significant amounts of Iodine, charcoal ventilation

20. 100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by D. HAES Date 4/22/93
- (b) Type of Interview: Radionuclide ☒ Laser ☐ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: S. TONEBANA
- (e) Authorization Reference: CCR-M

(Note: Interviewer will circle Yes or No for each item below)

SPR # 843811SC-  
04860

- (f) (Yes, No) \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge # ☐  
Dates monitoring badge issued ☐ , terminated ☐

- (g) (Yes, No) Bioassays: Urinalysis ☐ Radionuclides ☐  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Joseph R. Delaney  
Signature

4/22/93  
Date

TRAINED S. CAN 40 3/2/94

AT



8820

ANSWER SHEET

1. c

2. c

3. ba

4. d

5. b

6. A 2

B 1

C 3

D 4

7. e D

8. d

9. b

10. c

11. a

12. b

13. c

14. a

15. a

16. b

17. c

18. d

19. a

20. c

21. a D

22. d

23. d

24. c

25. d

Name: Joseph R. Schaefer

Date: 3/2/04



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_

B. Monitoring badge not required ☐

C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 10/20/92

1. Name EBRALIDZE ALEXANDER K  
Last (Print) First M.I.
2. Social Security Number 645-24-1641
3. Department Biology
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_
5. Lab. No. E17-336 Ext. 3-7406
6. Project Supervisor Prof. Tonegawa
7. Brief description of present work with radiation:

Birth Date 11/30/56

Faculty Title \_\_\_\_\_

Staff Title Research Fellow

Job Title \_\_\_\_\_

Student \_\_\_\_\_ Year: \_\_\_\_\_

In vitro DNA/RNA labeling

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<u><math>2-^{32}\text{P}</math></u>	<u>0.5</u>	<u>Solution</u>	<u>0.005</u>
<u><math>2-^{35}\text{S}</math></u>	<u>0.5</u>	<u>Solution</u>	<u>0.005</u>

9. Radiation producing equipment to be used in your present work: —

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

AUTHORIZATION # CCR-4  
SUPERVISOR S. TONEGAWA  
RPO STAFF D. HARRIS

FILM BADGE # 06200  
SERIES CODE 841  
TERMINATION DATE \_\_\_\_\_

FOR OFFICE USE ONLY:

LABORATORY USE ONLY:



# SECTION II PREVIOUS EXPERIENCE WITH RADIATION

## 1. Previous experience with radioactive material:

Radionuclides handled		32 P	35 S						
Largest quantity handled	1 mCi								
Name and Addresses of Employers							Dates		
							From	To	
Southwestern Medical School at Dallas, Dallas, TX							8/12/91	4/12/92	

## 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	✓	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

	✓	
--	---	--

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1.	a.	b.	c.	d.	e.
2.	a.	b.	c.	d.	e.
3.	a.	b.	c.	d.	e.
4.	a.	b.	c.	d.	e.
5.	a.	b.	c.	d.	e.
6.	a.	b.	c.	d.	e.
7.	a.	b.	c.	d.	e.
8.	a.	b.	c.	d.	e.
9.	a.	b.	c.	d.	e.
10.	a.	b.	c.	d.	e.
11.	a.	b.	c.	d.	e.
12.	a.	b.	c.	d.	e.
13.	a.	b.	c.	d.	e.
14.	a.	b.	c.	d.	e.
15.	a.	b.	c.	d.	e.
16.	a.	b.	c.	d.	e.
17.	a.	b.	c.	d.	e.
18.	a.	b.	c.	d.	e.
19.	Short time, shield, distance				
	Thyroid burden				

20. 100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by DON HATES Date 10/20/92
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: C. BROWN
- (e) Authorization Reference: CCIR-M

(Note: Interviewer will circle Yes or No for each item below)

SPR # 3126057C-02734

- (f) (Yes, No) \*Badge: Body ☒ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # \_\_\_\_\_  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

A. Shnalidze  
Signature

10/20/92  
Date



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name Ebralidze Alexander K Date of Birth 11/30/56  
Last First M.I.  
 Social Security # 645-24-1641

II. Summary of previous (non M.I.T.) occupational Exposure: \* N/A

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period										Totals
Penetrating whole body										
Skin of whole body										
Wrist										
Finger										

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY

MEDICAL DEPARTMENT

RADIATION PROTECTION OFFICE OF THE ENVIRONMENTAL MEDICAL SERVICE

Date

6/1/88

REGISTRATION AND RADIATION RECORD

SECTION I

1. Name Cerber David J.  
Last (Print) First M.I.

2. Social Security Number 288-80-1285

3. Department Biology

4. Office No. E17-350 Ext. X 6439

5. Lab. No. E17-350 Ext. X 6439

6. Supervisor Dr. Tonegawa Dept. Biology

7. Date when present association with M.I.T. began: 9/87

Birth Date 5/25/65

8. Will your work with radiation at M.I.T. continue longer than 3 months 12 months ☒ ?

9. Description of present work with radiation:

<sup>32</sup>P DNA sequencing  
Southern blots  
Northern blots

1a. Present association with M.I.T.:

Faculty Title \_\_\_\_\_

Staff Title \_\_\_\_\_

Technician Grade \_\_\_\_\_

Student Graduate Year 1

Guest of Institute \_\_\_\_\_ Country \_\_\_\_\_

Other \_\_\_\_\_



## 11. Principal radioactive material to be used in your present work:

Radionuclide		Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
Sealed	Unsealed			
	<sup>31</sup> H <sup>36</sup> S <sup>32</sup> P <del>32P</del>	20 mCi <sup>31</sup> H 60 mCi <sup>36</sup> S 40 mCi <sup>32</sup> P <del>40 mCi <sup>32</sup>P</del>	nucleotide nucleotide nucleotide phosphates	

## 12. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy: \_\_\_\_\_

## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

## 1. Previous experience with radioactive material:

Radionuclides handled		<sup>32</sup> P	<sup>35</sup> S						
Largest quantity handled (in millicuries)	Sealed	1							
	Unsealed	.01							
Names and Addresses of Employers								Dates	
								From	To
Dr. Philip Perlman 484 W 12th St. Columbus, Ohio 43210								12/85	9/86

## 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	<input checked="" type="checkbox"/>	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

	<input checked="" type="checkbox"/>	
--	-------------------------------------	--

5. Signature

David Guber

Date

6/9/88



## SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by Robert C. Stevin Date: 9 June 88
- (b) Type of Interview: Radioisotope ☒ Accelerator ☐ X-Ray ☐ Reactor ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒  
 Reactor RPO Manual ☐ Other (describe) Reg Guide 8.13, 8.29
- (d) Supervisor for radiation protection training: S. Torregrossa
- (e) Authorization Reference: CCR-M-3

(Note: Interviewer will circle Yes or No for each item below)

- (f) ☒ (Yes, No) \* Badge: Body ☐ Wrist ☐ Finger ☐ Badge # 04577 B41
- (g) (Yes, ☒ No) Dosimeter: Dosimeter number ☐
- (h) (Yes, ☒ No) Bioassays: Nuclides to be measured ☐  
 Type of Analysis: Urinalysis ☐ Whole Body Measurement ☐  
 Other ☐
- (i) (Yes, ☒ No) Eye Examination: Scheduled by ☐
- (j) (Yes, ☒ No) Physical Examination: Scheduled by ☐
- (k) (Yes, ☒ No) Baseline Blood counts: Scheduled by ☐

## 2. Comments and additional information:

\* Dates monitoring badge (s) issued 6/88; Terminated ☐Baseline Thyroid4967494 10020-99072

## 3. Request for previous exposure records sent as follows:

Request sent to (place)	Date Sent	Date Received

4. Copy of Summary Record of Exposure (next page) sent to M.I.T. Medical Dept. ☐ Date ☐



95%

NAME David Kuhn

RADIATION SAFETY INSTRUCTION

Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
2. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
3. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
4. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
5. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
6. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
7. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
8. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
9. a. _____	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
10. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
11. a. _____	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
12. a. _____	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
13. a. <input checked="" type="checkbox"/>	b. _____	c. _____	d. _____	e. _____
14. a. _____	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
15. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
16. a. _____	b. _____	c. _____	d. <input checked="" type="checkbox"/>	e. _____
17. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
18. a. _____	b. _____	c. _____	d. _____	e. _____
19. <u>time, distance, shielding</u>				
<u>lead shielding, do a dry run</u>				
<u>thyroid, remove device</u>				
20. <u>100</u>			<u>before use</u>	

3

(k) (Yes, No) ~~Baseline~~ Blood counts: Scheduled by \_\_\_\_\_

2. Comments and additional information:

\* Dates monitoring badge (s) issued 6/58; Terminated \_\_\_\_\_.

Baseline Thyroid

4967444 10020-99072

3. Request for previous exposure records sent as follows:

Request sent to (place)	Date Sent	Date Received

4. Copy of Summary Record of Exposure (next page) sent to M.I.T. Medical Dept. \_\_\_\_\_ Date \_\_\_\_\_



# SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE

Social Security #

Period		Employer and location	Whole body Exposure (rem)
From	To		
		TOTAL	

\* (Based on information supplied by individual and his employers)

C. Record of exposure: (Note: Zero results mean no detectable exposure)

[illegible]

Type of measurement	Date of measurement	Nuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 8/4/94

1. Name Graziadei, Linda S.  
(Print) Last First M.I.
2. Social Security Number 091-52-9261 Birth Date 5/18/63
3. Department CCR Supervisor S. Torigawa
4. Faculty        Staff        Student        Other Postdoc  
Title Key you
5. Office No. E17253C Ext. 6522 Lab No.        Ext.
6. Project Supervisor S. Torigawa
7. Brief description of present work with radiation:  
Kinase oligo's  
in vitro labeling of tissues
8. Principal radioactive material to be used in your present work:  $^{32}\text{P}$ -ATP  
 $^{32}\text{P}$ -orthophosph.

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
$^{32}\text{P}$	1	$^{32}\text{P}$ -ATP $^{32}\text{P}$ orthoph.	5 $\mu\text{Ci}$

9. Radiation producing equipment to be used in your present work:  
Type        Maximum energy

FILM BADGE # 06768  
SERIES CODE B41  
TERMINATION DATE       

AUTHORIZATION # CCR-M  
SUPERVISOR Torigawa  
STAFF D. Hoos

FOR OFFICE USE ONLY  
LAST NAME GRAZIADEI, LINDA S.



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	35S	32P				
GREATEST ACTIVITY USED	100-200 $\mu$ Ci	30mCi/exp.				
EMPLOYER(S) NAME & ADDRESS					DATES FROM TO	
Cold Spring Harbor Lab 18 Wngtown Rd. Cold Spring Harbor, NY 11724					5/88	5/94

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Linda Shazadei  
Signature

8/4/94  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAES Date 8/4/91

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CCR-M Supervisor: S. TURNER

Date Terminated: \_\_\_\_\_ Date Reactivated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 02729 Reference # 1425659E Issue Date 8/4/91 Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Bioassay: Yes ☐ No ☒ :

Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_

In vivo Measurements: Whole Body \_\_\_\_\_ Thyroid \_\_\_\_\_



9570

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. c
2. ☒ a ☒ b
3. c
4. d
5. a c
6. c
7. d
8. c
9. b
10. c
11. b
12. c
13. d
14. b
15. d
16. c
17. b
18. d
19. c
20. a



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date OCTOBER 28, 1993

1. Name HASAN MAZAHIR T  
(Print) Last First M.I.
2. Social Security Number 028-62-7895 Birth Date 10-10-66
3. Department CENTER FOR CANCER RESEARCH Supervisor DR. SUSUMU TONEGAWA
4. Faculty \_\_\_\_\_ Staff X Student \_\_\_\_\_ Other Postdoc  
Title POSTDOCTORAL AFFILIATE
5. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Lab No. E17-346 Ext. 3-7406
6. Project Supervisor DR. SUSUMU TONEGAWA
7. Brief description of present work with radiation:  
LABELLING OF DNA with radioisotopes

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u><math>^{32}\text{P}</math></u>	<u>0.2 mCi/week</u>	<u>Tris buffered solution</u>	<u>5 <math>\mu\text{Ci}</math>/Reaction</u>
<u><math>^{35}\text{S}</math></u>		<u>Tris buffered solution</u>	<u>5 <math>\mu\text{Ci}</math>/Reaction</u>

9. Radiation producing equipment to be used in your present work:

Type \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 06527

SERIES CODE B41

TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCR-M

SUPERVISOR Tonegawa

RPO STAFF D. Haes



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	32 P	125 I				
GREATEST ACTIVITY USED	10 $\mu$ Ci	100 $\mu$ Ci				
EMPLOYER(S) NAME & ADDRESS					DATES	
					FROM	TO
DARTMOUTH COLLEGE, HANOVER, NH 03755					9/88	5/93

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES	
		FROM	TO

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Mikhail Hs  
Signature

10-28-93

Date



SECTION III    TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. Hues                      Date 10/28/93

Type of Interview:    Radioisotope ☒    X-Ray ☐    Reactor ☐    Accelerator ☐

Instruction Material Supplied:    RPO Required Procedures ☒    Information Sheets ☐

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐    Other ☐

Authorization No.: CCR-66

Supervisor: STUNNBAW

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

Film Badge:    Yes ☒    No ☐ :    Body ☒    Wrist ☐    Finger ☐

Spare Badge # 02733    Reference # 411564910    Issue Date 10/28/93    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Bioassay:    Yes \_\_\_\_\_    No ☒ :

Urinalysis \_\_\_\_\_    Radionuclides \_\_\_\_\_

In vivo Measurements:    Whole Body \_\_\_\_\_    Thyroid \_\_\_\_\_



# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. b radiation exposure
2. C 1 millirem
3. b radiation absorbed dose
4. a 1250 mrem
5. b as low as reasonably achievable
6. C scrub hands with water and soap
7. C wipe tests followed by scintillation counting
8. b 500 mrem
9. d a fetus
10. b NaI probe, G-M probe
11. d lead
12. d about 0.1 mrem/hr
13. a True
14. a 100 mCi
15. d ~~about~~
16. b
17. C
18. shielding, exposure time, distance.
19. Thyroid. work in air circulating hood.
20. 3-2180 or 3-2360

$$\frac{(1)(1)}{9} = r = \frac{1}{9}$$



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 9/25/92

1. Name HINDS HEATHER L Birth Date 6/11/69  
Last (Print) First M.I.
2. Social Security Number 351-66-9562 Faculty Title \_\_\_\_\_
3. Department BIOLOGY Staff Title \_\_\_\_\_
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title RESEARCH FELLOW
5. Lab. No. E17 Ext. 3-3010 Student \_\_\_\_\_ Year: \_\_\_\_\_
6. Project Supervisor DAVID HOUSMAN
7. Brief description of present work with radiation:

$^{35}\text{S}$  and  $^{32}\text{P}$  labeling of DNA probes for use in Southern/Northern/in situ hybridizations.

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
$^{35}\text{S}$	1mCi	datp	~100.4Ci
$^{32}\text{P}$	1mCi		~100.4Ci

9. Radiation producing equipment to be used in your present work:

Type:  $\phi$  Maximum energy \_\_\_\_\_

FILM BADGE # 06171  
SERIES CODE B-22841  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # cel-f/ce m  
SUPERVISOR Housman/Tongue  
RPO STAFF P Hays

FOR OFFICE USE ONLY:

HINDS, Heather LINDS



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled		<sup>35</sup> S	<sup>32</sup> P						
Largest quantity handled		200µCi	5mCi						
Name and Addresses of Employers							Dates		
							From	To	
STANFORD UNIVERSITY							9/86	6/90	
OXFORD UNIVERSITY							9/90	9/91	

### 2. Previous experience with radiation producing equipment:

9/88 AND 12/88

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes No Unknown

	X	
--	---	--

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

	X	
--	---	--

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1.	a. _____	b. _____	c. _____	d. _____	e. _____
2.	a. _____	b. X	c. _____	d. _____	e. _____
3.	a. _____	b. _____	c. X	d. _____	e. _____
4.	a. _____	b. X	c. _____	d. _____	e. _____
5.	a. _____	b. _____	c. X	d. _____	e. _____
6.	a. _____	b. _____	c. X	d. _____	e. _____
7.	a. _____	b. X	c. _____	d. _____	e. _____
8.	a. _____	b. _____	c. _____	d. X	e. _____
9.	a. _____	b. _____	c. _____	d. X	e. _____
10.	a. X	b. _____	c. _____	d. _____	e. _____
11.	a. _____	b. _____	c. _____	d. X	e. _____
12.	a. _____	b. _____	c. X	d. _____	e. _____
13.	a. _____	b. _____	c. _____	d. X	e. _____
14.	a. 3	b. 1	c. 2	d. _____	e. _____
15.	a. _____	b. _____	c. X	d. _____	e. _____
16.	a. _____	b. X	c. _____	d. _____	e. _____
17.	a. _____	b. X	c. _____	d. _____	e. _____

1 = HIGHEST

\* If very high / can't be well contained - call RPO

18. TIME, DISTANCE, SHIELDING

19. THYROID - WHEN WORKING WITH <sup>125</sup>I, WORK IN A HOOD WITH CHARGED FILTERING (TO AID IN <sup>125</sup>I ABSORPTION)

20. 3-2180



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by M Fitzgerald Date 9/25/92
- (b) Type of Interview: Radioisotope ☒ Laser ☒ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: Houseman
- (e) Authorization Reference: CCR-F

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge # SPARE # 04011  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes, No) Bioassays: Urinalysis ☐ Radionuclides ☐  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

Transfer to  
Tongue  
4/13/93

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Heather L. Hinds  
Signature

9/25/92  
Date



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period										Totals
Penetrating whole body										
Skin of whole body										
Wrist										
Finger										

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 1/13/94

1. Name Hsu Albert L  
(Print) Last First M.I.
2. Social Security Number 213-82-2307 Birth Date 10/26/74
3. Department Biology Supervisor Susuma Tonegawa
4. Faculty        Staff        Student X Other         
Title URP Student/Research Assistant
5. Office No. ~~617~~ Ext. ~~36557~~ Lab No. 36551 Ext.
6. Project Supervisor Susuma Tonegawa/Jean Lafaille
7. Brief description of present work with radiation:  
I will be working with [<sup>3</sup>H]-thymidine, and doing cell cycle analysis
8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT

9. Radiation producing equipment to be used in your present work:  
Type        Maximum energy

FOR OFFICE USE ONLY:

AUTHORIZATION # CCR-121

FILM BADGE # 06540

SUPERVISOR

S. TONEGAWA

SERIES CODE 641

LAST NAME

RPO STAFF

D. Hsu

TERMINATION DATE



**SECTION II**    PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material: *NONE*

RADIONUCLIDE(S)						
GREATEST ACTIVITY USED						
EMPLOYER(S) NAME & ADDRESS					DATES FROM                  TO	

2. Previous experience with radiation producing equipment: *NONE*

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM                  TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?                  YES ☒ NO                  UNKNOWN

4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year?                  YES ☒ NO                  UNKNOWN

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Albert L. Hsu  
Signature

1/13/94  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. Haes Date 1/13/94

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CCP-111 Supervisor: S. TUNEGART

Date Terminated: \_\_\_\_\_ Date Reactivated: \_\_\_\_\_

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 04011 Reference # 69522250 Issue Date 1/25/94 Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Bioassay: Yes ☐ No ☒ :

Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_

In vivo Measurements: Whole Body \_\_\_\_\_ Thyroid \_\_\_\_\_



# 10070

## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. c) C
2. b) B
3. d) C
4. b) B
5. c) C
6. d) C
7. b) B
8. d) D
9. d) D
10. a) A
11. d) D
12. d) C
13. d) D
14. c, a, b C, A, B
15. c) C
16. b) B
17. b) B
18. time, distance, shielding (increase/maximize all 3 as much as possible)
19. thyroid, charcoal filtered hood
20. 100



MASSACHUSETTS INSTITUTE OF TECHNOLOGY

MEDICAL DEPARTMENT

RADIATION PROTECTION OFFICE OF THE ENVIRONMENTAL MEDICAL SERVICE

Date July 9 '77

REGISTRATION AND RADIATION RECORD

SECTION I

Miss

Mrs.

1. Name Mr. Huang Shu Ying  
Last (Print) First M.I.

2. Social Security Number 016544664

3. Department Biology

4. Office No. E17-350 Ext. X 6502  
66-707 3-7006

5. Lab. No. \_\_\_\_\_ Ext. \_\_\_\_\_

6. Supervisor Dr. Riter Dept. Biology  
TONEGAWA "91" "CCR"

7. Date when present association with M.I.T. began: June 13 '77 Birth Date July 5 '51

8. Will your work with radiation at M.I.T. continue longer than 3 months \_\_\_\_\_ 12 months ✓ ?

9. Description of present work with radiation:

<sup>3</sup>H, <sup>14</sup>C, <sup>35</sup>S, <sup>32</sup>P, <sup>125</sup>I

1a. Present association with M.I.T.:

Faculty Title \_\_\_\_\_

Staff Title \_\_\_\_\_

Technician Grade ✓

Student \_\_\_\_\_ Year \_\_\_\_\_

Guest of Institute \_\_\_\_\_ Country \_\_\_\_\_

Other \_\_\_\_\_



## 11. Principal radioactive material to be used in your present work:

Radionuclide		Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
Sealed	Unsealed			
	✓			

## 12. Radiation producing equipment to be used in your present work:

Type: fullMaximum energy 217-624 trained

## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material: 11/27/89

Radionuclides handled		<sup>3</sup> H	<sup>14</sup> C	<sup>32</sup> P					
Largest quantity handled (in millicuries)	Sealed								
	Unsealed								
Names and Addresses of Employers								Dates	
								From	To
Dr. Peter Parsons Mount Holyoke College South Hadley MA 01075								July, 76	May 77

## 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To
<u>Scintillation counter</u>			

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
		✓

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
		✓

5. Signature

Shu Ying Huang

Date

July 7 '77



## SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by P Black Date: 7/7/77
- (b) Type of Interview: Radioisotope ☒ Accelerator ☐ X-Ray ☐ Reactor ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☐  
Reactor RPO Manual ☐ Other (describe) Reg. Guide 8.13
- (d) Supervisor for radiation protection training: Gofter / Yonegawa
- (e) Authorization Reference: 722AO / CCR-m

(Note: Interviewer will circle Yes or No for each item below)

- 7/7/77 (f) (Yes, No) Film Badge: Body ☒ Wrist ☒ Ring ☐ Group # B15-1126
- (g) (Yes, No) Dosimeter: Dosimeter number \_\_\_\_\_
- \* (h) (Yes, No) Bioassays: Nuclides suspected \_\_\_\_\_  
Type of Analysis: Urinalysis \_\_\_\_\_ Whole Body Measurement \_\_\_\_\_  
Other \_\_\_\_\_
- (i) (Yes, No) Eye Examination: Scheduled by \_\_\_\_\_
- (j) (Yes, No) Physical Examination: Scheduled by \_\_\_\_\_
- (k) (Yes, No) Baseline Blood counts: Scheduled by \_\_\_\_\_

## 2. Comments:

\* Thyroid - Baseline 9/9/77

Badges terminated 7/27/83  
" reactivated 9/9/83B41 - ~~deactivated~~ <sup>reactivated</sup> 9/91 in Yonegawa Lab

## 3. Request for previous exposure records sent as follows:

Request sent to (place)	Date Sent	Date Received

## 4. Copy of Summary Record of Exposure (next page) sent to M.I.T. Medical Dept. \_\_\_\_\_ Date \_\_\_\_\_



## SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE

Social Security #

Period		Employer and location	Whole body Exposure (rem)
From	To		
		TOTAL	

\* (Based on information supplied by individual and his employers)

(1) External Exposure in rem units. (Measured by Film Badges TLD )

Monitoring period	1977	1978	1979	1980	1981	1982					Totals
Penetrating whole body	.000	.000	.040	.040		.010					
Skin of whole body	.000	.000	.040	.250		.010					
Wrist	.000	.000	.250	.050		.020					
Finger						.030					

Type of measurement	Date of measurement	Nuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 1/9/95

1. Name Huang Zuoshi Josh  
(Print) Last First M.I.
2. SSN 600-24-1134 Birth Date 8/2/1963 Sex F ☐ M ☒
3. Department Biology Supervisor Susumu Tonegawa
4. Faculty ☐ Staff ☒ Student ☐ Other ☐  
Title postdoc fellow
5. Office No. E17-353 Ext. 3-6551 Lab No. E17-353 Ext. 3-6551
6. Project Supervisor Susumu Tonegawa
7. Brief description of present work with radiation:  
use P<sup>32</sup> to screen cDNA libraries  
use S<sup>35</sup> to do DNA sequencing
8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u>P<sup>32</sup></u>	<u>0.001 mCi</u>		<u>0.001 mCi</u>
<u>S<sup>35</sup></u>	<u>0.0005 mCi</u>		<u>0.0005 mCi</u>

9. Radiation producing equipment to be used in your present work:  
Type \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 06901  
SERIES CODE B-11  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCR-111  
SUPERVISOR TON NEGAWA  
RPO STAFF HAE5

HUANG, ZUOSHI J.



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Have you had previous experience with radioactive material?

☒ Yes {Fill out form RP-59, and the information requested below} ☐ No


RADIONUCLIDE(S)	$P^{32}$	$S^{35}$				
GREATEST ACTIVITY USED	0.05mCi	0.001mCi				
EMPLOYER(S) NAME & ADDRESS (Note: This information is required for workers monitored for occupational radiation dose during the current year.)					DATES FROM TO	
<p>* List most recent first *</p> <p>Brandeis University, Dept. of Biology</p>					7/90	10/94

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

  
Signature

1/9/95  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: W. Jewin Date 1/11/95

Type of Interview: ☒ Radioisotope ☐ X-Ray ☐ Reactor ☐ Accelerator

Instruction Material(s) Supplied: ☒ RPO Required Procedures ☐ Reactor RPO Manual

☒ Information Sheets ☒ Regulatory Guides 8.13 and 8.29 ☒ MIT RPC Policy Regarding Pregnant Workers

☐ Other \_\_\_\_\_

Authorization No.: CCR-M

Supervisor: Tonegawa

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

External Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☒ Requested by user

Internal Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☐ Requested by user

☒ Body ☐ Wrist ☐ Finger

☐ Urinalysis: Radionuclides \_\_\_\_\_  
☐ Whole Body ☐ Thyroid

Reference # 01759 Spare Badge # 92991922 Issue Date 1/11/95 Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

☐ Summary of annual dose report required per 10 CFR 19.13(b)

☐ Prior dose history request sent by: \_\_\_\_\_ (name) \_\_\_\_\_ (date)



## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers by marking the box next to the selected answer.

DO NOT MARK THE QUIZ !!

Record the Exam Number: II

10/1/

- |     |                                       |                                       |                                       |                                       |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 2.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 3.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 4.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 5.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 6.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 7.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 8.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 9.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 10. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 11. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 12. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 13. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 14. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 15. | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 16. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 17. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 18. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 19. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 20. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date April 16, 1993

1. Name IWASATO TAKUJI Birth Date Oct. 15, 1963  
Last (Print) First M.I.
2. Social Security Number \_\_\_\_\_ Faculty Title \_\_\_\_\_
3. Department Center for Cancer Research Staff Title \_\_\_\_\_
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title Postdoctoral Fellow
5. Lab. No. E17-358 Ext. 6551 Student \_\_\_\_\_ Year: 2 yr.
6. Project Supervisor Susumu Tonegawa
7. Brief description of present work with radiation:

Labelling of DNA and RNA.

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<u><math>^{32}\text{P}</math>, <math>^{35}\text{S}</math></u>	<u>1 mCi</u>	<u>dCTP</u> <u>dATP</u>	<u>1 mCi</u>

9. Radiation producing equipment to be used in your present work:

Type: no Maximum energy 0

AUTHORIZATION # CCR-44  
SUPERVISOR S. Tonegawa  
RPO STAFF D. Hays

FILM BADGE # 06318  
SERIES CODE 541  
TERMINATION DATE \_\_\_\_\_



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	$^{32}\text{P}$							
Largest quantity handled	1100 $\mu\text{Ci}$							
Name and Addresses of Employers							Dates	
							From	To
Department of Biophysics, Kyoto Univ.							Apr. 1, 1987	Mar 30, 1993

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To
—	—	—	—

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	X	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
	X	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

- 100%
- |                 |             |             |             |          |
|-----------------|-------------|-------------|-------------|----------|
| 1. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 2. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 3. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 4. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 5. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 6. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 7. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 8. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 9. a. _____     | b. <u>X</u> | c. _____    | d. <u>X</u> | e. _____ |
| 10. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 11. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 12. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 13. a. <u>X</u> | b. _____    | c. _____    | d. _____    | e. _____ |
| 14. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 15. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 16. a. _____    | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 17. a. _____    | b. _____    | c. <u>X</u> | d. _____    | e. _____ |

18. Distance, Shielding, Time
19. Thyroid, Thyroid measurement
20. 100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by D. HAZES Date 4/16/93
- (b) Type of Interview: Radioisotope ☒ Laser ☐ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: S. TONEBANA
- (e) Authorization Reference: CCP-41

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge # ☐  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes, No) Bioassays: Urinalysis ☐ Radionuclides ☐ 3438102C  
# 04003  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Takuji Iwasato  
Signature

April 16, 1993  
Date



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_ )

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY

MEDICAL DEPARTMENT

RADIATION PROTECTION OFFICE OF THE ENVIRONMENTAL MEDICAL SERVICE

Date \_\_\_\_\_

REGISTRATION AND RADIATION RECORD

SECTION I

1. Name LAFAILLE Juan J.  
Last (Print) First M.I.
  2. Social Security Number \_\_\_\_\_
  3. Department Center for Cancer Research
  4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_
  5. Lab. No. E-17 353 Ext. 3-6551
  6. Supervisor Dr. S. Tonegawa Dept. C. Cancer Res.
  7. Date when present association with M.I.T. began: 6/9/88 Birth Date 8/29/55
  8. Will your work with radiation at M.I.T. continue longer than 3 months \_\_\_\_\_ 12 months X ?
  9. Description of present work with radiation:
    - "in vitro" labelling of nucleic acids and proteins.
    - Incorporation of radioactive precursors ( $^{35}\text{S}$ -Met) of proteins into living cells "in vitro".
- 1a. Present association with M.I.T.:  
Faculty Title \_\_\_\_\_  
Staff Title Postdoctoral fellow  
Technician Grade \_\_\_\_\_  
Student \_\_\_\_\_ Year \_\_\_\_\_  
Guest of Institute \_\_\_\_\_ Country \_\_\_\_\_  
Other \_\_\_\_\_



## 11. Principal radioactive material to be used in your present work:

Radionuclide		Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
Sealed	Unsealed			
	$^{32}\text{P}$	0.5 mCi	Phosphate (liq.)	100 $\mu\text{Ci}$
	$^{125}\text{I}$	0.5 mCi	Iodide (liq.)	200 $\mu\text{Ci}$
	$^{35}\text{S}$	1 mCi	Methionine (liq.)	200 $\mu\text{Ci}$

## 12. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy: \_\_\_\_\_

## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

## 1. Previous experience with radioactive material:

Radionuclides handled		$^3\text{H}$	$^{14}\text{C}$	$^{35}\text{S}$	$^{32}\text{P}$	$^{125}\text{I}$	$^{131}\text{I}$		
Largest quantity handled (in millicuries)	Sealed								
	Unsealed	0.1	0.02	0.5	0.1	0.2	0.2		
Names and Addresses of Employers							Dates		
							From	To	
University of São Paulo (BRAZIL)							2/1983	5/1988	

## 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	X	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

	X	
--	---	--

5. Signature

yyzaf

Date

6/17/88



## SECTION III. (to be completed by Radiation Protection Office)

1. (a) Interviewed by Walter C. Stone Date: 21 Jan 88
- (b) Type of Interview: Radioisotope ☒ Accelerator ☐ X-Ray ☐ Reactor ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒  
 Reactor RPO Manual ☐ Other (describe) Reg code 813, 029
- (d) Supervisor for radiation protection training: S. Tompkins
- (e) Authorization Reference: CCR-M-3

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \* Badge: Body ☒ Wrist ☐ Finger ☒ Badge # B41 04614 -U3
- (g) (Yes, ~~No~~) Dosimeter: Dosimeter number ☐
- (h) (Yes, ~~No~~) Bioassays: Nuclides to be measured ☐

Type of Analysis: Urinalysis ☐ Whole Body Measurement ☐  
 Other ☐

- (i) (Yes, ~~No~~) Eye Examination: Scheduled by ☐
- (j) (Yes, ~~No~~) Physical Examination: Scheduled by ☐
- (k) (Yes, ~~No~~) Baseline Blood counts: Scheduled by ☐

## 2. Comments and additional information:

\* Dates monitoring badge (s) issued 7/88; Terminated ☐

5167027 10020-01763

## 3. Request for previous exposure records sent as follows:

Request sent to (place)	Date Sent	Date Received

4. Copy of Summary Record of Exposure (next page) sent to M.I.T. Medical Dept. ☐ Date ☐



NAME Juan J. Lafaille

RADIATION SAFETY INSTRUCTION

Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

- |                 |             |             |             |          |
|-----------------|-------------|-------------|-------------|----------|
| 1. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 2. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 3. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 4. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 5. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 6. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 7. a. _____     | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 8. a. _____     | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 9. a. _____     | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 10. a. _____    | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 11. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 12. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 13. a. <u>X</u> | b. _____    | c. _____    | d. _____    | e. _____ |
| 14. a. _____    | b. _____    | c. _____    | d. <u>X</u> | e. _____ |
| 15. a. _____    | b. _____    | c. <u>X</u> | d. _____    | e. _____ |
| 16. a. _____    | b. <u>X</u> | c. _____    | d. _____    | e. _____ |
| 17. a. _____    | b. _____    | c. <u>X</u> | d. _____    | e. _____ |

18. TIME DISTANCE SHIELDING
19. THYROID - IODINE IS VOLATILE. WORK SHOULD BE DONE IN A FUME HOOD SPECIAL (CHARCOAL)
20. 100

2. Comments and additional information:

\* Dates monitoring badge (s) issued 7/88; Terminated \_\_\_\_\_.

5167027 10020-01763

3. Request for previous exposure records sent as follows:

Request sent to (place)	Date Sent	Date Received

4. (copy of Summary Record of Exposure (next page) sent to M.I.T. Medical Dept. \_\_\_\_\_ Date \_\_\_\_\_



100%

ANSWER SHEET

1. c

2. c

3. a

4. d

5. b

6. A 2

B 1

C 3

D 4

7. d

8. d

9. b

10. c

11. a

12. b

13. c

14. a

15. a

16. b

17. c

18. d

19. a

20. c

21. c

22. d

23. d

24. c

25. d

Name: Juan Lafaille

Date: 6/21/90



## SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE

Social Security #

Period		Employer and location	Whole body Exposure (rem)
From	To		
		TOTAL	

\* (Based on information supplied by individual and his employers)

A. Period of exposure: From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

B. Monitoring badge not required ☐

C. Record of exposure: (Note: Zero results mean no detectable exposure)

[illegible]

Type of measurement	Date of measurement	Nuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



LEVELT, CHRISTIAAN N.

9. Radiation producing equipment to be used in your present work:
- Type \_\_\_\_\_ Maximum energy \_\_\_\_\_



**SECTION II PREVIOUS EXPERIENCE WITH RADIATION**

1. Previous experience with radioactive material: NONE

RADIONUCLIDE(S)						
GREATEST ACTIVITY USED						
EMPLOYER(S) NAME & ADDRESS					DATES FROM TO	

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

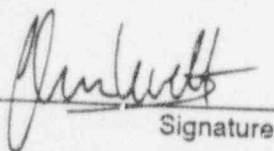
YES ☒ NO UNKNOWN

4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year?

YES ☒ NO UNKNOWN

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

  
Signature

1-10-95  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAGS Date 1/10/95

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☐

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CLP m

Supervisor: S. NUNEGUANA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

TRAINED GAMMA CELL 40 RDX

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 02730 Reference # 9299 203E Issue Date 1/1/95 Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Bioassay: Yes \_\_\_\_\_ No \_\_\_\_\_ :

Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_

In vivo Measurements: Whole Body \_\_\_\_\_ Thyroid \_\_\_\_\_



80%

ANSWER SHEET

1. C
2. C
3. CA
4. BD
5. B
6. a. 2  
b. 1  
c. 3  
d. 4
7. D
8. D
9. B
10. DC
11. A
12. B
13. C
14. A
15. A
16. B
17. C
18. D
19. DA
20. C
21. D
22. D
23. 2
24. 15C
25. D

Name: Christina L... Date: 9/27/95

Lab: Townesville Phone: 262-9...



9570

Exam I

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. C
2. B
3. C
4. D
5. C
6. C
7. D
8. C
9. B
10. C
11. B
12. C
13. D
14. B
15. D
16. C
17. D B
18. D
19. C
20. A



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 6/8/93

1. Name LIM DINA J Birth Date 5/14/71  
Last (Print) First M.I.
2. Social Security Number 084-72-1343 Faculty Title \_\_\_\_\_
3. Department BIOLOGY Staff Title \_\_\_\_\_
4. Office No. 16-610 Ext. \_\_\_\_\_ Job Title \_\_\_\_\_
5. Lab. No. \_\_\_\_\_ Ext. \_\_\_\_\_ Student \_\_\_\_\_ Year: 94
6. Project Supervisor PROFESSOR LISA STIENER
7. Brief description of present work with radiation:

Probing w/

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<u>?</u>			

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

AUTHORIZATION # 7-4 / 000-10 FILM BADGE # 06408  
SUPERVISOR STEINER / Dejean SERIES CODE 547/341  
RPO STAFF M. Fitzgerald TERMINATION DATE \_\_\_\_\_

FOR  
LAST



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

NO

Radionuclides handled								
Largest quantity handled								
Name and Addresses of Employers							Dates	
							From	To

2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes No Unknown

--	--	--

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

--	--	--

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

- 100%
1. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
2. a. \_\_\_\_\_ b. ☒ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
3. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
4. a. \_\_\_\_\_ b. ☒ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
5. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
6. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
7. a. \_\_\_\_\_ b. ☒ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
8. a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. ☒ e. \_\_\_\_\_
9. a. ☒ b. \_\_\_\_\_ c. \_\_\_\_\_ d. ☒ e. \_\_\_\_\_
10. a. ☒ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
11. a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. ☒ e. \_\_\_\_\_
12. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
13. a. graph b. \_\_\_\_\_ c. \_\_\_\_\_ d. ☒ e. \_\_\_\_\_
14. a. C, A, b b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
15. a. \_\_\_\_\_ b. \_\_\_\_\_ c. ☒ d. \_\_\_\_\_ e. \_\_\_\_\_
16. a. \_\_\_\_\_ b. ☒ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_
17. a. \_\_\_\_\_ b. ☒ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_

18. proper clothing (gloves, lab coat) ; shielding ; distance from experiment by force ; Time is as short as possible
19. work in chemical f. hood  
check in if using 7100uCi. to have baseline thyroid measurement before beginning  
within 1 week after experiment, have another thyroid measurement  
3-2180 or 3-2760  
after work hours 100
- 20.



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by M. Fitzgerald Date 6/8/93
- (b) Type of Interview: Radioisotope ☒ Laser ☐ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: Steiner / Tregawa
- (e) Authorization Reference: 7-Y / CCR-m

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes ☒ No ☐ \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge # SPR #07068730-02731  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes ☒ No ☐ Bioassays: Urinalysis ☐ Radionuclides ☐  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

D. W. [Signature]  
Signature

9 6/8/93  
Date

Reactivated  
7/1/94  
& transferred  
to CCR in  
Tregawa Lab  
SPR #  
34094176  
0176



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name LIM DIVA J Date of Birth 05/14/93  
Last First M.I.  
 Social Security # 084-72-13-13

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date Sept 9, 1991

1. Name Yuging Li  
Last (Print) First M.I.
2. Social Security Number 028-74-9369  
applying now
3. Department Center for Cancer Research
4. Office No. E17-115 Ext. 8-7448
5. Lab. No. E17-347 Ext. 3-8762
6. Project Supervisor Susumu Tonegawa
7. Brief description of present work with radiation:

Birth Date Oct. 12, 1963

Faculty Title \_\_\_\_\_

Staff Title \_\_\_\_\_

Job Title Research Ass-ant

Student \_\_\_\_\_ Year: \_\_\_\_\_

DNA-RNA and Protein manipulation involving  $^{32}\text{P}$ ,  $^{35}\text{S}$   
and  $^3\text{H}$ . Cell cytotoxic assays using  $^{51}\text{Cr}$ .

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
$^{32}\text{P}$ , $^{35}\text{S}$ , $^3\text{H}$ , $^{51}\text{Cr}$			
$^{32}\text{P}$ , $^{35}\text{S}$ , $^3\text{H}$ , $^{51}\text{Cr}$	$1 \sim 5 \text{ mCi}$	$^{32}\text{P}$ - nucleotide $^{35}\text{S}$ - nucleotide, amino acids $^3\text{H}$ amino acids $^{51}\text{Cr}$ $\text{Na}_2\text{CrO}_4$	$1 \text{ mCi}$

9. Radiation producing equipment to be used in your present work:

Type: None Maximum energy \_\_\_\_\_

FILM BADGE # 05791  
SERIES CODE B41  
TERMINATION DATE 10/31/91

AUTHORIZATION # CCR-M  
SUPERVISOR S. Tonegawa  
RPO STAFF D. Hayes

LAST NAME Li

Li, Yuging



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	$^3\text{H}$	$^{32}\text{P}$	$^{35}\text{S}$	$^{51}\text{Cr}$				
Largest quantity handled	5 mCi	1 mCi	1 mCi	2 mCi				
Name and Addresses of Employers						Dates		
						From	To	
Nagoya University, Japan, 464.						Jan 1988	Aug 1991	

### 2. Previous experience with radiation producing equipment: *None*

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

yes	No	Unknown
	✓	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

	✓	
--	---	--

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

III

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
2. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
3. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
4. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
5. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
6. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
7. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
8. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
9. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
10. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
11. <del>a.</del>	a. _____	b. _____	c. _____	d. ✓	e. _____
12. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
13. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
14. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
15. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
16. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
17. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
18. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____
19. <del>a.</del>	a. _____	b. _____	c. _____	d. _____	e. _____

ALARA thyroid gland wear lab coat & use shield if possible. wash hands after handling wear

20.

100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by D. Hays Date 9/10/91
- (b) Type of Interview: Radioisotope ☒ Laser ☐ X-Ray ☐ Reactor ☐ Accelerator ☐
- (c) Instruction Material Supplied: Required Procedures ☐ Information Sheets ☒ Reactor RPO Manual ☐  
Regulatory Guides 8.13 and 8.29 ☒ Other ☐
- (d) Supervisor for radiation protection training: S. TONEGAWA
- (e) Authorization Reference: CCB-M

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist ☐ Finger ☐ Badge #                       
Dates monitoring badge issued                                     , terminated 10/21/94
- (g) (Yes, No) Bioassays: Urinalysis ☐ Radionuclides ☐  
In Vivo Measurements: Whole Body ☐  
Thyroid ☐

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Signature *[Signature]* Date Sept. 10, 1991

TRAINED 5-CELL E17-629  
1/31/92 *[Signature]*



9220

ANSWER SHEET

1. c  
~~2.~~ b c  
3. a  
4. d  
5. b  
6. A 2  
B 1  
C 3  
D 4  
7. d  
8. d  
9. b  
10. c  
11. a

12. b  
13. c  
14. a  
15. a  
16. b  
17. c  
18. d  
19. b A  
20. c  
21. d  
22. d  
23. d  
24. ~~b~~ c  
25. d

Name:

Yuging Li

Date:

Jan 31, 1942



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
* (Based on information supplied by individual and their employers)			TOTAL

III. Summary of Occupational Exposure Received at M.I.T.:

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_

B. Monitoring badge not required ☐

C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 10/14/94

1. Name Marusic - Galesic Suzana  
(Print) Last First M.I.
2. SSN 534-94-3728 Birth Date 10/25/1961 Sex F ☒ M ☐
3. Department Cancer Center Supervisor Tonegawa
4. Faculty ☐ Staff ☐ Student ☐ Other ☒  
Title Research Affiliate
5. Office No. 253-6522 Ext.        Lab No. E17-353 Ext.
6. Project Supervisor Tonegawa
7. Brief description of present work with radiation:  
<sup>3</sup>H-thymidine incorporation assay

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u><sup>3</sup>H-thy-id</u>	<u>5 mCi</u>	<u>thymidine</u>	<u>200 <math>\mu</math>Ci</u>

9. Radiation producing equipment to be used in your present work:

Type None Maximum energy       

FILM BADGE # 06842

SERIES CODE 8-41

TERMINATION DATE       

AUTHORIZATION # CR-14

SUPERVISOR S. Tonegawa

RPO STAFF D. Hartz

MARUSIC-GALESIC, SUZANA

FOR

LAST



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Have you had previous experience with radioactive material?

☒ Yes (Fill out form RP-59, and the information requested below)

☐ No

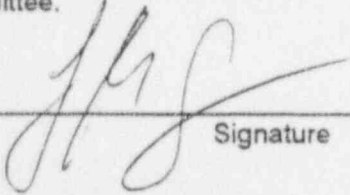
RADIONUCLIDE(S)	Th	I-125	Cr-51	P-32		
GREATEST ACTIVITY USED	1mCi	10mCi	1mCi	1mCi		
EMPLOYER(S) NAME & ADDRESS (Note: This information is <u>required</u> for workers monitored for occupational radiation dose during the current year.)					DATES FROM TO	
<p>* List most recent first *</p> <p>Institute Ruter Boskovic, Zagreb, CROATIA</p> <p>Max-Planck-Institute für Biologie, Tübingen, Germany</p> <p>Natl. Institute of Health, Bethesda, MD, U.S.A.</p>					1988	1994
					1994, Jun	1994, Apr
					1986	1988

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	
Gamma cell	Natl. Institute of Health Bethesda, MD	1986	1988

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

  
Signature

10/14/94  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. H. H. 3 Date 10/14/94

Type of Interview: ☒ Radioisotope ☐ X-Ray ☐ Reactor ☐ Accelerator

Instruction Material(s) Supplied: ☐ RPO Required Procedures ☐ Reactor RPO Manual

☒ Information Sheets ☒ Regulatory Guides 8.13 and 8.29 ☒ MIT RPC Policy Regarding Pregnant Workers

☐ Other \_\_\_\_\_

Authorization No.: CCIR-10

Supervisor: S. TUNZANA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

External Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☒ Requested by user

Internal Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☐ Requested by user

☒ Body ☐ Wrist ☐ Finger

☐ Urinalysis: Radionuclides \_\_\_\_\_  
☐ Whole Body ☐ Thyroid

Reference # 4716 Spare Badge # 6408340E Issue Date 10/14/94 Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

☐ Summary of annual dose report required per 10 CFR 19.13(b)

☐ Prior dose history request sent by: \_\_\_\_\_ (name) \_\_\_\_\_ (date)



## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers by marking the box next to the selected answer.

DO NOT MARK THE QUIZ !!

Record the Exam Number: 1

- |     |                                       |                                       |                                       |                                       |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 2.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 3.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 4.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 5.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 6.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 7.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 8.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 9.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 10. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 11. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 12. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 13. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 14. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 15. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 16. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 17. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 18. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 19. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 20. | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |



LAS



**SECTION II PREVIOUS EXPERIENCE WITH RADIATION**

1. Have you had previous experience with radioactive material?

☒ Yes {Fill out form RP-59, and the information requested below} ☐ No

RADIONUCLIDE(S)	32P	35S				
GREATEST ACTIVITY USED	0.1mCi	0.5mCi				
EMPLOYER(S) NAME & ADDRESS (Note: This information is required for workers monitored for occupational radiation dose during the current year.)					DATES FROM TO	
<p>* List most recent first *</p> <p>Masao ITO, Lab. for Synaptic Function, RIKEN Institute</p> <p>Toshio FUKASAWA, Keio University School of Med</p>					Apr '91 <p>Apr '89</p>	Jun '95 <p>Mar '91</p>

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Kazutoshi Nakayama  
Signature

Sept 25, 1995  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAB Date 9/25/95

Type of Interview: ☒ Radioisotope ☐ X-Ray ☐ Reactor ☐ Accelerator

Instruction Material(s) Supplied: ☒ RPO Required Procedures ☐ Reactor RPO Manual

☒ Information Sheets ☒ Regulatory Guides 8.13 and 8.29 ☒ MIT RPC Policy Regarding Pregnant Workers

☐ Other \_\_\_\_\_

Authorization No.: CCR-m

Supervisor: S. TUNEGAWA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

External Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☒ Requested by user

Internal Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☐ Requested by user

☒ Body ☐ Wrist ☐ Finger

☐ Urinalysis: Radionuclides \_\_\_\_\_  
☐ Whole Body ☐ Thyroid

Reference # 761972SF Spare Badge # 04960 Issue Date 9/27/95 Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

☐ Summary of annual dose report required per 10 CFR 19.13(b)

☒ Prior dose history request sent by: Dmc 10/18/95  
(name) (date)



1002

## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers by marking the box next to the selected answer.

DO NOT MARK THE QUIZ !!

Record the Exam Number:

III

- |     |                                       |                                       |                                       |                                       |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 2.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 3.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 4.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 5.  | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 6.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 7.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 8.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 9.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 10. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 11. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 12. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 13. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 14. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 15. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 16. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 17. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 18. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 19. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 20. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date April 9, 1993

1. Name Poss Kenneth D Birth Date 4/15/71  
Last (Print) First M.I.
2. Social Security Number 395-80-4506 Faculty Title \_\_\_\_\_
3. Department Biology Staff Title \_\_\_\_\_
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title \_\_\_\_\_
5. Lab. No. E17-346 Ext. 3 x 7406 Student ☒ Year: G1
6. Project Supervisor Dr. S. Tonegawa
7. Brief description of present work with radiation:

$^{32}P$  +  $^{35}S$  labelling of nucleotides for DNA sequencing  
and analysis

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
$^{32}P$ -NTP $^{35}S$ -NTP perhaps $^{35}S$ -Met	1 mCi	$^{32}P$ -ATP	perhaps 1 mCi

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

AUTHORIZATION # CCR-11  
SUPERVISOR S. Tonegawa  
RPO STAFF D. Hayes

FILM BADGE # 06317  
SERIES CODE 841  
TERMINATION DATE \_\_\_\_\_



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	<sup>32</sup> P-CTP	<sup>32</sup> P-VTP	<sup>35</sup> S-net					
Largest quantity handled	1 mCi	1 mCi						
Name and Addresses of Employers							Dates	
							From	To
Dr. John Tymoczko Carleton College Northfield, MN 55057							1/91	5/92

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	X	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
	X	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1.	a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
2.	a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
3.	a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
4.	a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
5.	a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
6.	a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
7.	a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
8.	a. <u>X</u>	b. <u>(b)</u>	c. _____	d. _____	e. _____
9.	a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
10.	a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
11.	a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
12.	a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
13.	a. <u>X</u>	b. _____	c. _____	d. _____	e. _____
14.	a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
15.	a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
16.	a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
17.	a. _____	b. _____	c. <u>X</u>	d. _____	e. _____

18. Time, Distance, Exposure

19. Thyroid Gland  
limit exposure, use leaded gloves

20. 100



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by D. HAES Date 4/16/93
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: S. TONEGAWA
- (e) Authorization Reference: CCR-M1

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # \_\_\_\_\_  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

8438101C  
# 04006

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Signature

Keyser

Date

4/16/93



I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

Period		Employer and location	Whole body Exposure (rem)
From	To		
* (Based on information supplied by individual and their employers)			
TOTAL			

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

[illegible]

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 08/04/91

1. Name PROSSER HAYDON M Birth Date 08/05/65  
Last (Print) First M.I.
2. Social Security Number \_\_\_\_\_ Faculty Title \_\_\_\_\_
3. Department CENTER FOR CANCER RESEARCH Staff Title POSTDOCTORAL FELLOW
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title \_\_\_\_\_
5. Lab. No. 253-6439 Ext. \_\_\_\_\_ Student \_\_\_\_\_ Year: \_\_\_\_\_
6. Project Supervisor DR. S. TONEGAWA
7. Brief description of present work with radiation:

LABELLING OF DNA PROBES WITH  $\alpha$ -<sup>32</sup>P-dNTPs OR  $\gamma$ -<sup>32</sup>P-dNTPs  
ENZYMATIC ASSAYS USING <sup>14</sup>C-CHLORAMPHENICOL OR <sup>14</sup>C-ACETYL CoA  
DNA SEQUENCING REACTIONS USING <sup>35</sup>S-dATP  
DNA SEQUENCING REACTIONS USING <sup>35</sup>S-dATP

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<sup>32</sup> P	1	LIQUID: $\alpha$ -dNTP $\gamma$ -dNTP	250 $\mu$ Li
<sup>14</sup> C	1	LIQUID: ACETYL CoA	100 $\mu$ Li
<sup>35</sup> S	1	OR CHLORAMPHENICOL LIQUID dATP	250 $\mu$ Li

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 05659  
SERIES CODE B41  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCIR-M  
SUPERVISOR S. TONEGAWA  
RPO STAFF D. HAYES

LAST NAME PROSSER



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	$^{32}\text{P}$	$^{14}\text{C}$	$^{35}\text{S}$					
Largest quantity handled	1mCi	0.5mCi	1mCi					
Name and Addresses of Employers							Dates	
							From	To
IMPERIAL CANCER RESEARCH FUND, 44 LINCOLN'S INN FIELDS, LONDON. W.C.1. ENGLAND.							SEPT. 1937	JULY 1944

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unkn.
	✓	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unkn.
	✓	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

9290

1.	a. _____	b. _____	c. ✓	d. _____	e. _____
2.	a. _____	b. ✓	c. ✓	d. _____	e. _____
3.	a. _____	b. ✓	c. ✓	d. _____	e. _____
4.	a. _____	b. _____	c. ✓	d. _____	e. _____
5.	a. _____	b. _____	c. ✓	d. _____	e. _____
6.	a. _____	b. ✓	c. _____	d. ✓	e. _____
7.	a. _____	b. _____	c. _____	d. ✓	e. _____
8.	a. _____	b. _____	c. _____	d. ✓	e. _____
9.	a. ✓	b. _____	c. _____	d. ✓	e. _____
10.	a. _____	b. _____	c. ✓	d. ✓	e. _____
11.	a. _____	b. ✓	c. ✓	d. _____	e. _____
12.	a. _____	b. _____	c. ✓	d. ✓	e. _____
13.	a. _____	b. _____	c. ✓	d. ✓	e. _____
14.	a. _____	b. _____	c. ✓	d. ✓	e. _____
15.	a. _____	b. _____	c. ✓	d. ✓	e. _____
16.	a. (2)	b. (1) 5	c. (3) 1	d. ✓	e. _____
17.	a. _____	b. (b)	c. _____	d. _____	e. _____
18.	Minimize Time, MAXIMIZE DISTANCE, SHIELD,				
19.	THYROID GLAND.				

20. 100 or x-2180



1. (a) Interviewed by D. Hales Date 8/13/91
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: S. TONEGAWA
- (e) Authorization Reference: CCR-M

(SPH)  
04961

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # \_\_\_\_\_  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

- (g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13. "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

H.M. Prosser  
Signature

8/13/91  
Date



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 1/5/94

1. Name Qian ZHUO  
(Print) Last First M.I.
2. Social Security Number 469-08-6714 Birth Date 10/08/62
3. Department Cent. Cancer Research Supervisor Susumu Tonegawa PI
4. Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_  
Title Postdoc.
5. Office No. E17-358 Ext. 253-6551 Lab No. \_\_\_\_\_ Ext. 253-
6. Project Supervisor \_\_\_\_\_
7. Brief description of present work with radiation:  
Using  $^{32}\text{P}$  and/or  $^{35}\text{S}$  to generate probes for DNA analysis.
8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
$^{32}\text{P}$ dCTP			100 $\mu\text{Ci}$
$^{35}\text{S}$ dCTP			10 $\mu\text{Ci}$

9. Radiation producing equipment to be used in your present work:

Type \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE #

AUTHORIZATION # CCIR 1/94

FOR

SERIES CODE

SUPERVISOR S. Tonegawa

RPO STAFF

TERMINATION DATE

D. Huetz

LAST



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	$^{32}\text{P}$	$^{35}\text{S}$	$^3\text{H}$	$^{14}\text{C}$		
GREATEST ACTIVITY USED	1mCi	100mCi				
EMPLOYER(S) NAME & ADDRESS					DATES FROM TO	
Prof. Eric R. Kandel Center for Neurobiology & Behavior Columbia Univ. 722 W 168th St. NY, NY 10032					9/90	11/93

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT Required Procedures for Radiation Protection including Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

  
Signature

11/5/94  
Date



SECTION III    TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAZ                      Date 1/5/94

Type of Interview:    Radioisotope ☒    X-Ray ☐    Reactor ☐    Accelerator ☐

Instruction Material Supplied:    RPO Required Procedures ☒    Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐    Other ☐

Authorization No.: CCB-m

Supervisor: S. RUNEGAWA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

Film Badge:    Yes ☒    No ☐ :    Body ☒    Wrist ☐    Finger ☐

Spare Badge # 01761    Reference # 69522010    Issue Date 1/6/94    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_    Reference # \_\_\_\_\_    Issue Date \_\_\_\_\_    Termination Date \_\_\_\_\_

Bioassay:    Yes \_\_\_\_\_    No ☒ :

Urinalysis \_\_\_\_\_    Radionuclides \_\_\_\_\_

In vivo Measurements:    Whole Body \_\_\_\_\_    Thyroid \_\_\_\_\_



85%

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. C
2. b
3. C
4. b
5. C
6. C
7. C B
8. d
9. ~~C~~ C D
10. ~~C~~ A
11. ~~C~~ A D
12. C
13. d
14. b > a > c
15. C
16. b
17. <sup>the answer is</sup> d unless there are isotope in the place. then ~~b~~ b.
18. ① minimize time, ② keep distance as far as possible ③ Shield it
19. ~~shield~~, shield with lead. work in the hood.
20. 3-2360

OK



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date July 8, 1993

1. Name SASACKA TOSHIKUNI  
(Print) Last First M.I.
2. Social Security Number 020769241 Birth Date Nov./02/1961
3. Department Center For Cancer Research Supervisor Prof. Tanegawa
4. Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other Postdoctoral Associate  
Title Postdoctoral Associate
5. Office No. E17-353 Ext. 6522 Lab No. E17-358 Ext. 2276
6. Project Supervisor Prof. Susumu Tanegawa
7. Brief description of present work with radiation:

Radio-labeling of DNA and/or RNA

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u><math>^{32}\text{P}</math></u> <u><math>^{35}\text{S}</math></u>			

9. Radiation producing equipment to be used in your present work:

Type \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 06443

SERIES CODE B41

TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCP-177

SUPERVISOR Tanegawa

RPO STAFF D. Haes

FOR OFFICE USE

LAST



**SECTION II PREVIOUS EXPERIENCE WITH RADIATION**

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	$^{32}\text{P}$	$^{35}\text{S}$				
GREATEST ACTIVITY USED	500 $\mu\text{Ci}$	60 $\mu\text{Ci}$				
EMPLOYER(S) NAME & ADDRESS					DATES	
					FROM	TO
Department of Neuroscience, Tufts University School of Medicine, 136 Harrison Avenue, Boston, MA 02111					12/1/92	6/30/93

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES	
		FROM	TO

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Toshikuni Sasaka  
Signature

7/9/93  
Date



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. Hae Date 7/9/93

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CCR-m

Supervisor: Tonegawa

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 15612140-04960 Reference # \_\_\_\_\_ Issue Date 7/15/93 Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Bioassay: Yes ☐ No ☒ :

Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_

In vivo Measurements: Whole Body \_\_\_\_\_ Thyroid \_\_\_\_\_



95% EXAM III

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. C
2. b.
3. c.
4. b.
5. C.
6. c.
7. b.
8. d.
9. d.
10. b, a
11. d.
12. c
13. d.
14. c) → a) → b)
15. c
16. b
17. b
18. Time Distance shielding
19. Thyroid Baseline measurement of thyroid
20. 100

3-2180 or 3-2360



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 4/21/95

1. Name Shen Jie  
(Print) Last First M.I.
2. SSN 231-49-4143 Birth Date 4/27/1964 Sex ☒ F ☐ M
3. Department Biology Supervisor Susumu Tonegawa
4. Faculty ☐ Staff ☒ Student ☐ Other ☐  
Title Postdoctoral Associate
5. Office No. E-553 Ext. 3-6522 Lab No.          Ext.
6. Project Supervisor Susumu Tonegawa
7. Brief description of present work with radiation:  
pulse chase with  $^{34}$  labels, etc.

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
$^{34}$ $^{32}$ $^{35}$ $^{14}$ C			

9. Radiation producing equipment to be used in your present work:

Type                                  Maximum energy                         

FILM BADGE # 0717

SERIES CODE B41

TERMINATION DATE         

AUTHORIZATION # CCR-17

SUPERVISOR Tonegawa

RPO STAFF D. Haas

SHEN, JIE



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Have you had previous experience with radioactive material?

☒ Yes {Fill out form RP-59, and the information requested below} ☐ No

RADIONUCLIDE(S)	52P	55S	54			
GREATEST ACTIVITY USED	50 mCi					
EMPLOYER(S) NAME & ADDRESS (Note: This information is <u>required</u> for workers monitored for occupational radiation dose during the current year.)					DATES FROM TO	
<p>* List most recent first *</p> <p>University of Virginia, Charlottesville, VA 22904</p>					8/89	4/95

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Signature

Date

4/11/95



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAES Date 4/21/95

Type of Interview: ☒ Radioisotope ☐ X-Ray ☐ Reactor ☐ Accelerator

Instruction Material(s) Supplied: ☒ RPO Required Procedures ☐ Reactor RPO Manual

☒ Information Sheets ☒ Regulatory Guides 8.13 and 8.29 ☒ MIT RPC Policy Regarding Pregnant Workers

☐ Other \_\_\_\_\_

Authorization No.: CCB-m

Supervisor: S. TOKUBAWA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

External Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☒ Requested by user

Internal Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☐ Requested by user

☒ Body ☐ Wrist ☐ Finger

☐ Urinalysis: Radionuclides \_\_\_\_\_  
☐ Whole Body ☐ Thyroid

Reference # 2694526F Spare Badge # 04005 Issue Date 4/25/95 Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

☐ Summary of annual dose report required per 10 CFR 19.13(b)

☒ Prior dose history request sent by: dlm 5/14/95  
 (name) (date)



9590

## RADIATION SAFETY INSTRUCTION QUIZ

II

Use this form to record your answers by marking the box next to the selected answer.

DO NOT MARK THE QUIZ !!

Record the Exam Number: 2

- |     |                                       |                                       |                                       |                                       |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 2.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 3.  | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 4.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 5.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 6.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 7.  | <input checked="" type="checkbox"/> a | <input checked="" type="checkbox"/> b | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 8.  | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 9.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input checked="" type="checkbox"/> d |
| 10. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 11. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 12. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 13. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 14. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 15. | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 16. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 17. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 18. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 19. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 20. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |



FILM BADGE # 06843SERIES CODE B41

TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CC12-hySUPERVISOR S. TonegawaRPO STAFF D. HESRP-50  
Revised 1/94MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

## RADIATION WORKER REGISTRATION FORM

## SECTION I

Date 10/14/94

1. Name WANG YANYAN  
(Print) Last First M.I.
2. SSN 049-78-7114 Birth Date 1/8/1957 Sex F ☒ M ☐
3. Department Biology Supervisor Dr. S. Tonegawa
4. Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other ☒  
Title Postdoctoral Fellow
5. Office No. E17-358 Ext. \_\_\_\_\_ Lab No. E17-353 Ext. 3-2276
6. Project Supervisor Dr. S. Tonegawa
7. Brief description of present work with radiation:  
Molecular cloning of neural gene

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT
<u><math>^{32}\text{P}</math> <math>^{35}\text{S}</math></u>	<u>3 mCi</u>	<u>dCTP dATP</u>	<u>10 <math>\mu\text{Ci}</math></u>

9. Radiation producing equipment to be used in your present work:

Type \_\_\_\_\_ Maximum energy \_\_\_\_\_



**SECTION II PREVIOUS EXPERIENCE WITH RADIATION**

1. Have you had previous experience with radioactive material?

☐ Yes {Fill out form RP-59, and the information requested below} ☒ No

RADIONUCLIDE(S)						
GREATEST ACTIVITY USED						
EMPLOYER(S) NAME & ADDRESS (Note: This information is <u>required</u> for workers monitored for occupational radiation dose during the current year.)					DATES FROM TO	
* List most recent first *						
Salk Institute, Dr. Chuck Stevens					6/1990	7/94
Yale University, Dr. G. K. Aghajanian					9/83	6/90

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Lynda Wang  
Signature

10/14/94  
Date



SECTION III - TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. HAES Date 10/14/94

Type of Interview: ☒ Radioisotope ☐ X-Ray ☐ Reactor ☐ Accelerator

Instruction Material(s) Supplied: ☐ RPO Required Procedures ☐ Reactor RPO Manual

☐ Information Sheets ☒ Regulatory Guides 8.13 and 8.29 ☒ MIT RPC Policy Regarding Pregnant Workers

☐ Other \_\_\_\_\_

Authorization No.: CCIR-m

Supervisor: S. DUEBATA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

External Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☒ Requested by user

Internal Radiation Monitoring:

- ☐ Required by 10 CFR 20.1502  
☐ Required by MIT NRC License Conditions  
☐ Requested by user

☒ Body ☐ Wrist ☐ Finger

☐ Urinalysis: Radionuclides \_\_\_\_\_  
☐ Whole Body ☐ Thyroid

Reference # 4717 Spare Badge # 64083415 Issue Date 10/24/94 Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Reference # \_\_\_\_\_ Spare Badge # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

☐ Summary of annual dose report required per 10 CFR 19.13(b)

☐ Prior dose history request sent by: \_\_\_\_\_ (name) \_\_\_\_\_ (date)



## RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers by marking the box next to the selected answer.

DO NOT MARK THE QUIZ !!

Record the Exam Number: I

- |     |                                       |                                       |                                       |                                       |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 2.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 3.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 4.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input checked="" type="checkbox"/> d |
| 5.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 6.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 7.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 8.  | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 9.  | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 10. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 11. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 12. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 13. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 14. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 15. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 16. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 17. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            |
| 18. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d |
| 19. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input checked="" type="checkbox"/> c | <input type="checkbox"/> d            |
| 20. | <input checked="" type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            |



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date 11/28/89

1. Name WU MIN Birth Date 10/15/61  
Last (Print) First M.I.
2. Social Security Number 101-68-4494 Faculty Title \_\_\_\_\_
3. Department BIOLOGY AND CANCER CENTER Staff Title \_\_\_\_\_
4. Office No. \_\_\_\_\_ Ext. \_\_\_\_\_ Job Title POSTDOCTORAL FELLOW
5. Lab. No. E17-354 Ext. X 6435 Student \_\_\_\_\_ Year: \_\_\_\_\_
6. Project Supervisor SUSUMU TONEGAWA
7. Brief description of present work with radiation:

<sup>3</sup>H- and <sup>32</sup>P Labeling of Nucleic Acids  
<sup>35</sup>S-Labeling of Nucleic Acids

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<sup>3</sup> H	1 mC		
<sup>35</sup> S	21		

9. Radiation producing equipment to be used in your present work: N/A

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 05138  
SERIES CODE B41  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCR-11-3  
SUPERVISOR S. TONEGAWA  
RPO STAFF D. HAES

FOR OFFICE USE ONLY:  
LAST NAME WU



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled	$^{32}P$	$^{35}S$	$^3H$					
Largest quantity handled								
Name and Addresses of Employers						Dates		
						From	To	
MARTIN A. GOROVSKY, DEPT. OF BIOLOGY, UNIV. OF ROCHESTER ROCHESTER NY 14627						1984	1989	

### 2. Previous experience with radiation producing equipment:

NONE

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	X	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
	X	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

1526  
9570

1. a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
2. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
3. a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
4. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
5. a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
6. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
7. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
8. a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
9. a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
10. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
11. a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
12. a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
13. a. <u>X</u>	b. _____	c. _____	d. _____	e. _____
14. a. _____	b. _____	c. _____	d. <u>X</u>	e. _____
15. a. _____	b. _____	c. <u>X</u>	d. _____	e. _____
16. a. _____	b. <u>X</u>	c. _____	d. _____	e. _____
17. a. _____	b. _____	c. <u>X</u>	d. <u>X</u>	e. _____
18. a. _____	b. _____	c. _____	d. _____	e. _____
19. TIME, distance and shielding				
thyroid GLAND				
20. 100				



1. (a) Interviewed by D. Haes Date 11/28/89
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: S. TONEZAWA
- (e) Authorization Reference: CCR-M-3

(Note: Interviewer will circle Yes or No for each item below)

(f) (Yes, No) \*Badge: Body ☒ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # 541  
Dates monitoring badge issued \_\_\_\_\_, terminated \_\_\_\_\_

(g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Signature

Date

11/28/89



I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

Period		Employer and location	Whole body Exposure (rem)
From	To		
* (Based on information supplied by individual and their employers)			
TOTAL			

A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
B. Monitoring badge not required ☐  
C. Record of exposure: (Note: Zero results mean no detectable exposure)

(Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

[illegible]

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

REGISTRATION AND RADIATION RECORD

SECTION I

Date April 4, 89

1. Name XU MING  
Last (Print) First M.I.
2. Social Security Number 455-59-7098
3. Department Biology
4. Office No. E17-353 Ext. 8-6439
5. Lab. No. E17-353 Ext. 8-6439
6. Project Supervisor Prof S. Tonegawa
7. Brief description of present work with radiation:

Birth Date Aug 22, 60

Faculty Title \_\_\_\_\_

Staff Title Post Doc Fellow

Job Title \_\_\_\_\_

Student \_\_\_\_\_ Year: \_\_\_\_\_

I-125 / P-32 label DNA / RNA / protein  
for Biological Analysis

8. Principal radioactive material to be used in your present work:

Radionuclides	Amount to be obtained in millicuries	chemical and physical form of material to be obtained	maximum amount to be used per experiment
<u>[<sup>32</sup>P]</u>	<u>1.0</u>		<u>0.2 mCi</u>
<u>[<sup>125</sup>I]</u>	<u>0.5</u>		<u>0.2 mCi</u>

9. Radiation producing equipment to be used in your present work:

Type: \_\_\_\_\_ Maximum energy \_\_\_\_\_

FILM BADGE # 04874  
SERIES CODE B41  
TERMINATION DATE \_\_\_\_\_

AUTHORIZATION # CCR-m-3  
SUPERVISOR TONEGAWA  
RPO STAFF D. HAYS

FOR OFFICE USE ONLY:

LAST NAME XU,

XU, Ming



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

### 1. Previous experience with radioactive material:

Radionuclides handled									
Largest quantity handled	[ <sup>32</sup> P] 1Mg								
Name and Addresses of Employers								Dates	
								From	To
W. T. Gurrard Ph.D. Dept. Biochemistry U.T. Southwest Dallas, TX 75235								1983	1988

### 2. Previous experience with radiation producing equipment:

Types of Equipment	Names and Addresses of Employers	Dates	
		From	To

3. Have you had internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure?

Yes	No	Unknown
	<input checked="" type="checkbox"/>	

4. Has your occupational exposure to external radiation totalled more than 5 rem (or 5 rad) in any one year?

Yes	No	Unknown
	<input checked="" type="checkbox"/>	

## RADIATION SAFETY INSTRUCTION

### Quiz Answer Sheet

Use this form to record your answers. DO NOT MARK THE QUIZ BOOK.

8520

1. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
2. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
3. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
4. a. <input checked="" type="checkbox"/>	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
5. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
6. a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
7. a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
8. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
9. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
10. a. <input checked="" type="checkbox"/>	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
11. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
12. a. <input checked="" type="checkbox"/>	b. <input checked="" type="checkbox"/>	c. _____	d. <input checked="" type="checkbox"/>	e. _____
13. a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. <input checked="" type="checkbox"/>	e. _____
14. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. <input checked="" type="checkbox"/>	e. _____
15. a. _____	b. <input checked="" type="checkbox"/>	c. _____	d. _____	e. _____
16. a. _____	b. <input checked="" type="checkbox"/>	c. <input checked="" type="checkbox"/>	d. _____	e. _____
17. a. _____	b. _____	c. <input checked="" type="checkbox"/>	d. _____	e. _____
18. a. _____	b. _____	c. _____	d. _____	e. _____
19. a. _____	b. _____	c. _____	d. _____	e. _____

time / distance / shield.

thyroid / protection / check afterwards.

160



SECTION III (to be completed by Radiation Protection Office)

1. (a) Interviewed by D. HAES Date 4/4/89
- (b) Type of Interview: Radioisotope ☒ Laser \_\_\_\_\_ X-Ray \_\_\_\_\_ Reactor \_\_\_\_\_ Accelerator \_\_\_\_\_
- (c) Instruction Material Supplied: Required Procedures ☒ Information Sheets ☒ Reactor RPO Manual \_\_\_\_\_  
Regulatory Guides 8.13 and 8.29 ☒ Other \_\_\_\_\_
- (d) Supervisor for radiation protection training: TUNEGAWA
- (e) Authorization Reference: CCR-M-3

(Note: Interviewer will circle Yes or No for each item below)

- (f) (Yes, No) \*Badge: Body ☒ Wrist \_\_\_\_\_ Finger \_\_\_\_\_ Badge # \_\_\_\_\_  
Dates monitoring badge issued \_\_\_\_\_, terminated 5355 8A, 02732
- (g) (Yes, No) Bioassays: Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_  
In Vivo Measurements: Whole Body \_\_\_\_\_  
Thyroid \_\_\_\_\_

- (h) I have received and read the M.I.T. "Required Procedures for Radiation Protection" including Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." I have attended the R.P.O. radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures. I agree to comply with 1) all applicable M.I.T. rules and regulations governing safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the M.I.T. Radiation Protection Committee.

Xie, Ming

Signature

April 4, 89.

Date



**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
**SUMMARY RECORD OF OCCUPATIONAL RADIATION EXPOSURE**

I. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_

II. Summary of previous (non M.I.T.) occupational Exposure:\*

Period		Employer and location	Whole body Exposure (rem)
From	To		
TOTAL			

\* (Based on information supplied by individual and their employers)

III. Summary of Occupational Exposure Received at M.I.T.:

- A. Period of exposure: From: \_\_\_\_\_ To: \_\_\_\_\_, From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Monitoring badge not required ☐  
 C. Record of exposure: (Note: Zero results mean no detectable exposure)

(1) External Exposure in rem units. (Measured by Film Badges \_\_\_\_\_ TLD \_\_\_\_\_)

Monitoring period											Totals
Penetrating whole body											
Skin of whole body											
Wrist											
Finger											

(2) Internal exposure as measured by bioassay or in-vivo measurements:

Type of measurement	Date of measurement	Radionuclide observed	Results of Measurements

IV. Comments:

V. Radiation Protection Office Staff Member \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
ENVIRONMENTAL MEDICAL SERVICE  
RADIATION PROTECTION OFFICE

RADIATION WORKER REGISTRATION FORM

SECTION I

Date 8.4.94

1. Name ZACKS REBECCA L  
(Print) Last First M.I.
2. Social Security Number 382-68-1565 Birth Date 8.18.72
3. Department CCR Supervisor Susumu Tonegawa
4. Faculty        Staff ✓ Student        Other         
Title technical assistant
5. Office No.        Ext.        Lab No. E17-353 Ext. x6439
6. Project Supervisor
7. Brief description of present work with radiation:

8. Principal radioactive material to be used in your present work:

RADIONUCLIDE(S)	TOTAL ACTIVITY ORDERED (mCi)	CHEMICAL OR PHYSICAL FORM ORDERED	MAXIMUM AMOUNT USED PER EXPERIMENT

9. Radiation producing equipment to be used in your present work:

Type        Maximum energy       

FOR OFFICE USE ONLY:

AUTHORIZATION # CCR-01

SUPERVISOR

RPO STAFF

FILM BADGE # 00774

SERIES CODE B41

TERMINATION DATE       

ZACKS, REBECCA

LAST NAME



## SECTION II PREVIOUS EXPERIENCE WITH RADIATION

1. Previous experience with radioactive material:

RADIONUCLIDE(S)	3H	32P				
GREATEST ACTIVITY USED	.01 mCi	.5 mCi				
EMPLOYER(S) NAME & ADDRESS					DATES FROM TO	
Brown University Providence, RI 02912					6-93	8-94

2. Previous experience with radiation producing equipment:

TYPE(S) OF EQUIPMENT	EMPLOYER(S) NAME & ADDRESS	DATES FROM TO	

3. Have you had an internal radiation exposure in amounts known (or suspected) to be above the permissible limits for occupational exposure? YES ☒ NO UNKNOWN
4. Has your occupational exposure to external radiation totalled more than 500 mrem (or 500 mrad) in any one year? YES ☒ NO UNKNOWN

I have received and read the MIT *Required Procedures for Radiation Protection* including Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. I have attended the RPO radioactive materials safety course and was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposures.

I agree to comply with 1) all applicable MIT rules and regulations governing the safe use of radioactive materials and 2) the conditions of approval listed on my project authorization, approved by the MIT Radiation Protection Committee.

Rebecca L. Zuck  
Signature

8-4-94  
Date



84<sup>80</sup>

ANSWER SHEET

1. C
2. C
3. CA
4. BD
5. B
6. a. 2  
b. 1  
c. 3  
d. 4
7. D
8. D
9. B
10. DC
11. A
12. B
13. C
14. A
15. A
16. B
17. C
18. D
19. A
20. C
21. D
22. D
23. D
24. BC
25. D

Name: Rebecca Zacks Date: 9/27/95

Lab: Tinegans Phone: 3-6431



SECTION III TO BE COMPLETED BY THE RADIATION PROTECTION OFFICE

Interviewed by: D. Hines Date 8/4/91

Type of Interview: Radioisotope ☒ X-Ray ☐ Reactor ☐ Accelerator ☐

Instruction Material Supplied: RPO Required Procedures ☒ Information Sheets ☒

Regulatory Guides 8.13 and 8.29 ☒

Reactor RPO Manual ☐ Other ☐

Authorization No.: CCP-M

Supervisor: S. TONEBANA

Date Terminated: \_\_\_\_\_

Date Reactivated: \_\_\_\_\_

TRAINED GAMMA-COUNT 400 9/27/95 RB

Film Badge: Yes ☒ No ☐ : Body ☒ Wrist ☐ Finger ☐

Spare Badge # 04968 Reference # 442523E Issue Date 8/10/94 Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Spare Badge # \_\_\_\_\_ Reference # \_\_\_\_\_ Issue Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Bioassay: Yes ☐ No ☒ :

Urinalysis \_\_\_\_\_ Radionuclides \_\_\_\_\_

In vivo Measurements: Whole Body \_\_\_\_\_ Thyroid \_\_\_\_\_



100%  
Extra #1

# RADIATION SAFETY INSTRUCTION QUIZ

Use this form to record your answers. DO NOT MARK THE QUIZ !!

1. c
2. b
3. c
4. d
5. c
6. c
7. d
8. c
9. b
10. c
11. b
12. c
13. d
14. b
15. d
16. c
17. b
18. d
19. c
20. a



# **RADIATION PROTECTION TRAINING PROGRAM**

## **Outline of Subject Material**

### **1. Concepts of Ionizing Radiation**

### **2. Units of Radioactivity and Radiation**

- A. Radioactivity
- B. Activity (Curie, Becquerel)
- C. Exposure (Roentgen)
- D. Absorbed Dose (Rad, Gray)
- E. Dose Equivalent (Rem, Seivert)
- F. Dose Rate
- G. Half Life
- H. Radioactive Decay Process
  - Alpha, Beta, Gamma ray, X-ray

### **3. Biological Effects of Radiation:**

- A. History of Radiation Exposure
- B. Acute vs. Chronic Exposure
- C. Threshold vs. Linear Relation Between Dose and Effect
- D. Balancing Risk vs. Benefit
- E. Regulatory Guide 8.29

### **4. Maximum Permissible Exposures:**

- A. Current MPE Values
  - External and Internal Exposures
- B. Concept of ALARA
- C. Natural Background Radiation Exposures.
- D. Occupational Exposures
- E. Regulatory Guide 8.13



## **5. Measurement and Control of Radiation Exposures:**

### **A. External Exposures**

- Time
- Distance
- Shielding

### **B. Internal Exposures**

- Ventilation
- Engineering controls
- Glove Boxes
- Iodination Hoods

### **C. Dosimeters**

- Film badges
- TLD Ring Dosimeters

### **D. In Vivo Measurements**

- Whole Body Burden Measurements
- Thyroid Burden Measurements

## **6. Radiation Survey Techniques:**

### **A. Wipe Tests**

### **B. Radiation Survey Instruments**

- Geiger Mueller detectors
- NaI Scintillation detectors

### **C. Radioactivity Analysis**

- Liquid Scintillation Counting
- Gamma Counting

### **D. Environmental Monitoring**

- Environmental Air Sampling
- Breathing Zone Sampling

## **7. Handling Radiation Emergencies**

### **A. Emergency Procedures**

### **B. Decontamination Techniques**



## **8. Waste Disposal Techniques**

- Segregation by Radiological Half Life
- Sanitary Sewerage Disposal Rules
- Liquid Scintillation Vial Disposal
- Animal Carcass Disposal
- Mixed Waste Disposal

## **9. Safe Handling Techniques**

- General Radiation Laboratory Rules
- Specific Radiation Laboratory Rules
  - Phosphorus 32
  - Iodine 125

## **10. Compliance with Regulations:**

- A. NRC license Conditions of Approval
- B. Title 10 CRF Parts 19 & 20
- C. Massachusetts Department of Radiation Control
- D. DOT Regulations: Title 49 CFR

Appropriate reference material will be distributed at the time of the training lectures to further reinforce the above concepts. Slide shows, video tapes, and hands on demonstrations will also be used to reinforce above concepts.