

DOCUMENTATION OF TRAINING FORM:

NAME: _____ DEPARTMENT: _____ PHONE: _____

CLASSIFICATION (*Faculty, Technician, Student, etc.*): _____

RADIOACTIVE MATERIAL
TO BE USED: _____ PRINCIPAL INVESTIGATOR: _____

Check appropriate response:

Option 1: Radiation Safety Training Provided by Principal Investigator.

<i>TYPE OF TRAINING</i>	<i>WHERE TRAINED</i>	<i>DATES AND DURATION OF TRAINING</i>	<i>TRAINING PROVIDER</i>
A. <i>Principles and practices Of radiation protection</i>			
B. <i>Radioactivity Measurement, Standardization, monitoring Techniques, and instruments</i>			
C. <i>Mathematics and calculations Basic to use and measurement Of radioactivity</i>			
D. <i>Biological effects of radiation Exposure</i>			
E. <i>Transportation of radioactive Materials</i>			
F. <i>Operating and Emergency procedures</i>			

Option 2: Radiation Safety Training provided by Radiation Control Department.

I have contacted the Radiation Control Office Secretary and have enrolled the above individual in the next available Radiation Safety Short Course.

Option 3: Radiation Safety Training provided by credit course.

I will assure that the above individual will enroll in and attend the following credit course:

PI Signature: _____ Date: _____

Return original to the:

*RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center
Box 118340*