

**UNIVERSITY OF FLORIDA**  
**Radiation Control & Radiological Services**  
**Laboratory Personnel**

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

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

<u>Radioactive Material</u> <u>User's Name (Please Print)</u>	<u>Position/Classification</u>	<u>Approved</u> <u>RC-1 on file</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest to the fact that the above named individuals are properly trained to use radioactive materials.

\_\_\_\_\_  
Principal Investigator (signature) \_\_\_\_\_  
Date

**Return Form To: Johnny Weaver**  
**Environmental Health and Safety Specialist**  
**212 Nuclear Science Center**  
**PO Box 118340**