

**UNIVERSITY OF FLORIDA RADIOACTIVE MATERIALS USER  
STATEMENT OF TRAINING AND EXPERIENCE**

*(To be completed by ALL personnel who will be working with radioactive materials at the University of Florida)*

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

UFID: \_\_\_\_\_

CLASSIFICATION (*Faculty, Technician, Student, etc.*): \_\_\_\_\_

RADIOACTIVE MATERIAL

TO BE USED: \_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_

**RADIATION SAFETY TRAINING**

SUBJECT	WHERE TRAINED	DATES AND DURATION OF TRAINING	PRECEPTOR/ ON THE JOB	FORMAL COURSE
A. Principles and practices of radiation protection			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Radioactivity Measurement, standardization, monitoring techniques, and instruments			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Mathematics and calculations basic to use and measurement of radioactivity			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Biological effects of radiation exposure			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Transportation of radioactive materials			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Operating and Emergency procedures			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**RADIOACTIVE MATERIAL HANDLING EXPERIENCE**

RADIONUCLIDE USED	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DATES AND DURATION OF EXPERIENCE	TYPE OF USE

Have radiation exposure records been maintained for you at another institution?      Yes                      No  
I have read and will abide by the University regulations as set forth in the **RADIATION CONTROL GUIDE**.

Signature: \_\_\_\_\_

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

*If additional space is needed, use the back of this sheet. Keep a copy and return original to:  
RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center - Box 118340*