



Lab-specific Radiation Safety Training

Please check off each training item that has been completed, adding notes where appropriate for special lab procedures. The supervisor's signature is required on this document. Place the completed form and the trainee's Radiation Safety Course Certificate in the laboratory's Radiation Records binder.

Trainee :

Name

Date

Supervisor:

Name

Signature

1. Records binder:

Location: _____
Blank forms: _____
Other: _____

4. Locations of isotope storage:

Refrigerators: _____
Freezers: _____
Other: _____

2. Use of scintillation counter:

Settings: _____
Vials: _____
Fluid: _____
Other: _____

5. Waste disposal:

Liquid waste: _____
Disposal records: _____
Decay room: _____
Other: _____

3. Use of survey meter:

Battery check: _____
Sensitivity: _____
Other: _____

6. Personal Protective Equipment:

Lab coats: _____
Gloves: _____
Eye protection: _____
Shielding required: _____