

RADIATION SAFETY PLAN

APPENDIX H

RSO-5

NOVA SOUTHEASTERN UNIVERSITY

STATEMENT OF TRAINING AND EXPERIENCE

Print Name: _____

AuthorizedUser: _____

Radioactive Material: _____

Department: _____

University Phone: _____

University Email Address: _____

Check One: FACULTY STAFF STUDENT RADIOLOGY TECHNICIAN

I plan to use (check all that apply):

- unsealed sources of radionuclides (which ones? _____)
 gamma irradiator X-ray generator sealed sources only

A. Have you ever received **formal training** in the following topics? Check YES or NO below.
 [Radiation Safety Courses at other institutions and lectures on the topics as part of college level coursework (for example- Physics, Biology, Chemistry, etc.) would be considered formal training.]

- | | | |
|--|------------------------------|-----------------------------|
| Principals and Practices of Radiation Protection | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Basic nuclear interactions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Biological effects of radiation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Exposure control basic principles | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Calculations basic to the use and measurement of radioactivity | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Radioactivity monitoring techniques and instruments | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you checked YES for any of the above, complete the section below.

Name of the course/lecture	Location where training was received

B. If you ever handled radioactive materials before and thereby received **on the job training** in the above topics, complete the table below--

Radiouclide Used	Maximum experimental activity used	Location where radionuclide was used	Length of time radionuclide was used (# of years)	Experimental procedure(s) performed with radionuclide

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C. Have radiation exposure records been maintained for you at another institution?

Check One: YES NO

If YES, indicate name of institution(s) _____

I have read and will abide by the University regulations set forth in the NSU Radiation Safety Plan.

Signature _____

Today's Date: _____

If additional space is required, use the back of this form or attach additional sheets.