

Radiation Safety Training for Non-Human Use RGE

Worker's Name _____ EMP# _____
Department _____ Division _____ CP/Supervisor _____

The above individual will be a **Radiation Worker (RGE Operator)** **Ancillary Worker**

General Radiation Safety Training covering possible health effects from exposure to radiation, general precautions and procedures for minimizing exposure to radiation, instruction to watch for and report promptly any condition that may lead to a violation and signage was provided by:

<input type="checkbox"/> viewing University of Cincinnati's General Radiation Safety video on _____ (date)
<input type="checkbox"/> attending University of Cincinnati's Basic Radiation Safety Training on _____ (date)
<input type="checkbox"/> other (as described) _____

Area Specific Training

<input type="checkbox"/> review of QA manual	<input type="checkbox"/> location and purpose of the restricted area
<input type="checkbox"/> description and location of RGE(s) in use	<input type="checkbox"/> appropriate response to warning and unusual conditions
<input type="checkbox"/> location of state notification (green form)	<input type="checkbox"/> personnel monitoring requirements

Provided by _____ / _____ on _____
(printed name of trainer)/(signature of trainer) (date)

Machine-Specific Training not required an ancillary user provided instruction on items checked below

<input type="checkbox"/> operating procedure	<input type="checkbox"/> safety operating procedure	<input type="checkbox"/> maintenance and use logs
<u>Additional for Bomb Detection Unit</u>		
<input type="checkbox"/> record-keeping requirements	<input type="checkbox"/> survey requirements	<input type="checkbox"/> restricted area control requirements
<u>Additional for X-ray diffraction and Spectroscopy RGE</u>		
viewed (<input type="checkbox"/> Double Edged Sword or <input type="checkbox"/> X-ray Diffraction Hazards) on _____ (date)		
<input type="checkbox"/> machine alignment technique(s)	<input type="checkbox"/> interlock(s) & safety control(s) and importance of using as intended	
<u>Additional for All Veterinary Units</u>		
<input type="checkbox"/> animal holding procedure(s)	<input type="checkbox"/> lead apron/thyroid shield/gloves	<input type="checkbox"/> where to stand during a procedure
<u>Additional for Veterinary Fluoroscopy Unit</u>		
reviewed fluoroscopy training manual _____ & test score _____ (date)		
<u>Additional for Industrial Radiographic and Particle Accelerators</u>		
<input type="checkbox"/> regulatory required training, documentation attached		

Provided by _____ / _____ on _____
(printed name of trainer)/(signature of trainer) (date)

Training Certification

<input type="checkbox"/> Radiation worker certification: As an operator of RGE, I verify that I have received the training noted above, have read and understand the Quality Assurance and Radiation Protection Manual for Non-Human Use Radiation Generating Equipment, and have received machine operation and safe operating procedure training of each RGE I will operate and/or will insist on training be provided before operating new RGE.
<input type="checkbox"/> Ancillary worker certification: As an individual who will work around non-human use RGE, I verify that I have received the training noted above.

Signature of Worker _____ Date _____