

**Radiation Safety Training for Human use RGE**

Name				Employee #	
Department		Division		Supervisor	

The above referenced individual will be a

- Licensed General X-ray Machine Operator**     
  **Licensed Radiographer (Technologist)**     
  **Other \_\_\_\_\_**  
 **Physician**     
  **Ancillary Worker**     
  **Student**

1. **General Radiation Safety Training:** Basic awareness training (i.e., Possible biological effects; procedures to minimize exposure – time, distance & shielding; exposure limits; personnel monitoring requirements; terminology; reporting problems & concerns, signage)

Viewing University of Cincinnati's General Ancillary Worker Awareness video on (date)\_\_\_\_\_. The Ancillary Worker Awareness video can be found [on our website](#).

Attending University of Cincinnati's Basic Radiation Safety Training on (date)\_\_\_\_\_

Other (as described): \_\_\_\_\_  
 Training provided by: \_\_\_\_\_, (title) \_\_\_\_\_ on (date) \_\_\_\_\_

2. **RGE Type/Unit-Specific Training:**

a.  **Student** - on site continuing training with instructor always present

b. **Ancillary Worker**

I am never in restricted area when fluoroscopy unit or other x-ray is energized – no RGE specific training required

I may be within restricted area of fluoroscopy or other x-ray unit (i.e., in room and within 12 feet of unit when energized) - instruction provided on fluoroscopy unit energized indicator; general x-ray-on warning and procedures I should use to maintain my radiation dose ALARA (as low as reasonably achievable)  
 Training provided by: \_\_\_\_\_, (title) \_\_\_\_\_ on (date) \_\_\_\_\_

c. **Fluoroscopy Unit Operator and/or Physician overseeing procedure involving the use of fluoroscopy**

I obtained instruction on indicators a unit is energized and device operation procedures as applicable to my position. Training was performed by the below and by their signature they indicate the training should ensure my competency to perform procedures applicable to my position.  
 Training provided by: \_\_\_\_\_, (title) \_\_\_\_\_ on (date) \_\_\_\_\_

Reviewed fluoroscopy training manual \_\_\_\_\_ & test score \_\_\_\_\_

d.  **Proton Therapy**

3. **Unit/Area Specific Training (e.g., Licensed General Machine Operator, Technologist, Physician, Student)**

- |  |  |
|--|--|
| <input type="checkbox"/> RGE description                 | <input type="checkbox"/> Location of RGE(s) & restricted areas       |
| <input type="checkbox"/> Postings for restricted area(s) | <input type="checkbox"/> Location of state notification (green form) |
| <input type="checkbox"/> RGE log(s) and manual(s)        | <input type="checkbox"/> Personal monitoring requirements            |
| <input type="checkbox"/> Training documentation attached | <input type="checkbox"/> Proton therapy Advanced / Site Specific     |

Training provided by: \_\_\_\_\_, (title) \_\_\_\_\_ on (date) \_\_\_\_\_

4. **Operator Specific Training (e.g., Licensed General Machine Operator, Technologist, Physician, Student)**

I have obtained basic instruction on each current piece of radiation generating equipment I may operate and have read the safe operating procedures. Prior to operating any RGE without direct supervision (supervisor has eye contact oversight) I will demonstrate competency to my supervisor's satisfaction.  
 Training provided by: \_\_\_\_\_, (title) \_\_\_\_\_ on (date) \_\_\_\_\_

I have read and understand the Quality assurance and Radiation Protection Manual for Human Use Radiation Generating Equipment.

As an operator and/or individual that may frequent an RGE restricted area I received training applicable for my position as noted above. I understand I can and should bring radiation safety concerns to the attention of the CRE (Certified Radiation Expert) and/or the RSO (Radiation Safety Officer). I understand these individuals' names and phone numbers are listed on the ODH notice to employees posted throughout the hospital and/or RGE device use area.

Signature of Worker/Student \_\_\_\_\_ Date \_\_\_\_\_