ANNUAL REFRESHER SAFETY TRAINING

Make:_____ Model:_____ Serial#_____

In compliance with UC RCSP, a competency review and assessment of operating ability has been performed. I have reviewed the Quality Assurance and Radiation Protection Manual, unit specific/safe operating procedures, and I have been given the opportunity to ask my employer safety questions. Results of internal inspections, new or revised regulations, and accidents or errors that have been observed have been reviewed with me.

Operator NAME	Operator SIGNATURE	Trainer NAME	DATE

Annual Refresher Safety Training not to exceed 12 months