

DOCUMENTATION OF AU LAB SPECIFIC RADIATION WORKER TRAINING/INTERVIEW

Worker's name (print): _____	AU name (print): _____
Training conducted by: _____	Date of training/interview: _____

1. Previous Applicable Training and Experience

<input type="checkbox"/> None (proceed to section 2) Training: _____ _____ Experience: _____ _____
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2. Radioactive Material Used In Under AU's Authorization

Radionuclide(s) used in laboratory: _____ Type of emissions (alpha, beta, gamma, x-ray): _____ <input type="checkbox"/> Reviewed applicable <i>Isotope Fact Sheets</i> (available on RSO of website www.uc.edu/radsafety) Procedures to be performed: _____ _____
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3. Radiation Safety (check as reviewed or indicate N/A for not applicable)

a. General <input type="checkbox"/> areas of use <input type="checkbox"/> time <input type="checkbox"/> distance <input type="checkbox"/> shielding (<input type="checkbox"/> lead/ <input type="checkbox"/> Plexiglas/ <input type="checkbox"/> other) <input type="checkbox"/> dosimetry <input type="checkbox"/> absorbent paper use <input type="checkbox"/> security of RAM <input type="checkbox"/> transport of RAM <input type="checkbox"/> hoods for volatiles <input type="checkbox"/> container labeling requirements <input type="checkbox"/> area labeling requirements	b. Personnel Contamination Prevention <input type="checkbox"/> gloves and lab coat <input type="checkbox"/> no eating, drinking, smoking <input type="checkbox"/> no food/drink in lab <input type="checkbox"/> no chewing gum <input type="checkbox"/> no application of cosmetics <input type="checkbox"/> no mouth pipetting c. Surveys <input type="checkbox"/> wipe surveys <input type="checkbox"/> meter surveys <input type="checkbox"/> meter operation review
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Notes: _____

4. Emergency Procedures (includes review of RS FORM 34)

<input type="checkbox"/> spill	<input type="checkbox"/> small fire	<input type="checkbox"/> large fire
<input type="checkbox"/> internal contamination	<input type="checkbox"/> skin contamination	<input type="checkbox"/> medical emergency

Notes: _____

5. Incident Reporting

<input type="checkbox"/> Worker notifies AU	<input type="checkbox"/> Worker/AU notifies Radiation Safety Office
<input type="checkbox"/> When in doubt contact the Radiation Safety Office	
<input type="checkbox"/> Incident report required to be submitted to the Radiation Safety Office (RS FORM 7)	

Notes: _____

6. Radiation Safety Committee Authorization (review of all current authorization(s))

<input type="checkbox"/> Authorized radionuclides	<input type="checkbox"/> Approved locations of use/laboratories
<u>Conditions under the authorization</u>	
<input type="checkbox"/> personnel	<input type="checkbox"/> waste procedures
<input type="checkbox"/> survey	<input type="checkbox"/> labeling
<input type="checkbox"/> instrumentation	<input type="checkbox"/> special safety precautions
<input type="checkbox"/> personnel monitoring	<input type="checkbox"/> other

Notes: _____

7. Record Maintenance (includes location)

<input type="checkbox"/> RAM inventory	<input type="checkbox"/> Authorization	<input type="checkbox"/> Use & waste records
<input type="checkbox"/> AU Manual	<input type="checkbox"/> Survey records	<input type="checkbox"/> Training records

8. Pregnancy: Any female may choose to notify the Radiation Safety Office (RSOf) if she determines or suspects she is pregnant. This is called "declaring" the pregnancy. The notification must be in writing using RS FORM 33. The form is available on the RSOf website www.uc.edu/radsafety or from the RSOf.

9. Questions: _____

<i>CERTIFICATION THE ABOVE ITEMS WERE REVIEWED</i>	
Radiation Worker Signature: _____	Date: _____
Trainer's Signature: _____	Date: _____
AU Signature: _____	Date: _____

<i>Original</i>	<i>Retained in AU Files</i>
<i>Copy</i>	<i>Radiation Worker</i>
<i>Copy</i>	<i>Radiation Safety Office - ML 0591</i>