



APPENDIX C

TRAINING RECORD AND ACKNOWLEDGEMENT FORM

This form is to be completed by each individual who will use radioactive material(s) and/or who will be monitored for radiation exposure.

Submit the completed form to EHSRM by campus mail (box 6113) or fax to: 468-7312.

1. Name: _____ Location of Laboratory: _____
2. Department: _____ Telephone: _____
3. S.S. No.: ____/____/____ Birthdate: ____/____/____ Film Badge No.: ____
4. Previous Employments Involving Exposure and Cumulative Dose Received: _____

5. Date of Training: _____
6. Type of training (topics covered): _____
7. Instructor Name: _____
8. Location of Training: _____
9. Duration: _____
10. Principles and Practices of Radiation Protection: _____

11. Measurement, Monitoring, Techniques, Instruments: _____

12. Experience Using Radiation Producing Equipment or Isotopes*:
 - a. Type of Equipment Used: _____
 - b. Isotope _____ c. Max. Amt. (mCi) Used _____
 - d. Where Used _____ e. Duration of Use _____
13. I certify that the history in number 4 is correct to the best of my knowledge. I have received a copy and read the SFA Radiation Safety Manual and will abide by the regulations governing the use of radioisotopes and/or radiation producing equipment. I agree that under Texas law I will probably have no recourse against SFA for any personal injury or property damage resulting from my failure to comply with such regulations.

Signature: _____ Date: _____

* Documented evidence must be provided