

Training Checklist

The following is a list of information which should be reviewed by the principal investigator with all individuals frequenting any work area where there are radioactive materials. Please write a Yes, No, or NA (Not Applicable) in the box provided next to the training item. Y/N/NA

1.	Right to Know Training has been completed.	
2.	GVSU Radiation Safety Training has been completed.	
3.	GVSU Chemical/Biological Safety Training has been completed.	
4.	GVSU Bloodborne Pathogen Training has been completed.	
5.	The exposure limits for radiation have been reviewed with the worker (Refer to instruction sheet for table).	
6.	Radiation warning symbols and their meanings have been reviewed with the worker.	
7.	The locations of radioactive materials, hazardous chemicals and biohazardous agents present in the laboratory have been pointed out to the worker.	
8.	The relative risks of being near to or using the hazardous agents present in the laboratory have been reviewed with the worker.	
9.	The location and types of wastes and containers for the wastes have been identified with the worker.	
10	The proper procedures for emergencies which may arise in the laboratory have been reviewed with the worker. This information includes the location of emergency spill kits, emergency response telephone numbers and immediate persons to contact in the laboratory if an emergency arises.	
11	Security requirements for radioactive material have been reviewed with the worker.	

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The following safety documents and/or safety manuals were reviewed by the worker.

Note below.

- a. Radiation Safety Manual
- b. Chemical Hygiene Plan
- c. Waste Disposal Guide
- d. Other (Please list). _____

Worker Consent: I certify that I have been provided with and understand the information indicated above. I understand that this is a certification of principal investigator training and informed consent, and does not constitute a waiver of my rights. I understand that I am responsible for adhering to all safety practices, laws, rules and guidelines.

Worker Signature	Title/Function	Date
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Principal Investigator: I certify that the above information was reviewed with or provided to the above certified worker.

Principal Investigator Signature	Date
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