

Radiation Worker 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.

Trainee Name:		GVSU email	
Authorized User Name			Y/N/NA
1.	General Lab Safety Training has been completed.		
2.	Laboratory Radiation Safety online training and quizzes completed.		
3.	Radiation Safety Manual and GVSU policies reviewed with RSO.		
4.	Other required training has been completed (Animal Care, Biosafety, Blood-borne Pathogen, etc.).		
5.	The exposure limits for radiation have been reviewed with the worker.		
6.	ALARA and Time, Distance & Shielding procedures have been reviewed.		
7.	Radiation warning symbols and their meanings have been reviewed.		
8.	The locations of radioactive materials, hazardous chemicals and biohazardous agents present in the laboratory have been pointed out to the worker.		
9.	The relative risks of being near to or using the hazardous agents present in the laboratory have been reviewed with the worker.		
10.	The location and types of wastes, containers, and disposal procedures for the wastes have been identified with the worker.		
11.	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.		
12.	Security requirements for radioactive material have been reviewed.		
13.	The worker can locate: <ul style="list-style-type: none"> - SDS Database & Chemical Hygiene Plan at www.gvsu.edu/labsafety - Radiation Safety Manual at www.gvsu.edu/radsafety - GVUS's NRC Materials License and Authorized User approved protocol and records in Blackboard. 		

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.

Radiation Worker Signature

Title/Function

Date

I certify that the above information was reviewed with or provided to the above certified worker.

Authorized User Signature

Date