

Radiation Generating Device Training

This form is to be utilized during the initial training of any individual operating a device that creates radiation (either by design or as a byproduct). Please send a copy to the Radiation Safety Office and file the original.

Operator Name: _____ Date of Training: _____

Department: _____

Device Location: Building: _____ Room: _____

Make: _____ Model: _____ Type: _____

Individuals operating or maintaining the unit have received instructions in and demonstrated competence as to:

Location of Radiation Safety Manual and review of all pertinent parts therein.

Written operating and emergency procedures for the equipment.

Proper use and location of all safety equipment.

Identification of radiation hazards associated with the use of the equipment.

Significance of the various radiation warning and safety devices incorporated into the equipment, or the reasons they have not been installed on certain pieces of equipment, and the extra precautions necessary if the devices are absent or bypassed.

Symptoms of an acute localized radiation exposure.

Procedures for reporting an actual or suspected exposure.

Use of personnel monitoring equipment.

I certify that the above named individual received radiation safety instructions in the topics listed above for operation of this device. I am available to this person for additional information or support.

Trainer Name:

Trainer Signature:

Date:

I certify that I have received the radiation safety instructions outlined above. I understand that if I have any questions or concerns that I may contact the Radiation Safety Officer at 215-255-7860. In the event of an emergency, call the Public Safety Dispatcher at 215-895-2222.

Operator Signature:

Date:

Radiation Safety Office Review: _____