

**YOUNGSTOWN STATE UNIVERSITY**  
**Documentation of Radiation Training of Individuals**

\_\_\_\_\_  
 Name of Individual (Please print)

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Date of Training

\_\_\_\_\_  
 Name of Trainer (Please print)

\_\_\_\_\_  
 Name of Instrument(s)

\*\*\*\*\*

**Topics Discussed**

Please check the topics addressed during training.

- |                                    |   |  |
|------------------------------------|---|--|
| 1. Radiation/Radioisotopes         | <input type="checkbox"/> Products of Decay (Alpha, Beta, Gamma) | <input type="checkbox"/> X-Rays  |
|                                    | <input type="checkbox"/> Activities of Radioactive Materials    | <input type="checkbox"/> Units of Measure                                    |
| 2. Radiation Monitoring            | <input type="checkbox"/> Basics of Survey Meters                | <input type="checkbox"/> Scintillation Counters                              |
|                                    | <input type="checkbox"/> Principles of Film/TLID Badges         | <input type="checkbox"/> Area Monitoring                                     |
| 3. Biological Effects of Radiation | <input type="checkbox"/> Somatic/Genetic Effects                | <input type="checkbox"/> Effects during Pregnancy                            |
|                                    | <input type="checkbox"/> Acute/Chronic Exposures                |  |
| 4. Procedures to Reduce Exposure   | <input type="checkbox"/> ALARA                                  | <input type="checkbox"/> Principle of Natural Decay                          |
|                                    | <input type="checkbox"/> Shielding/Distance/Time                | <input type="checkbox"/> Proper Waste Disposal                               |
| 5. Radiation Safety Procedures     | <input type="checkbox"/> Permissible Exposures                  | <input type="checkbox"/> Proper Signage                                      |
|                                    | <input type="checkbox"/> Room Designation                       | <input type="checkbox"/> Emergency Procedures<br>(Spills, Accidents, etc...) |
| 6. Standard Operating Procedures   | <input type="checkbox"/> Activation Procedure                   | <input type="checkbox"/> Operation Procedure                                 |
|                                    | <input type="checkbox"/> Deactivation Procedure                 | <input type="checkbox"/> Maintenance Procedures                              |
| 7. Miscellaneous Topics            | _____   |  |
|                                    | _____   |  |
|                                    | _____   |  |

I acknowledge that I have received instruction on the radiation topics checked above, and have been trained on the radiation equipment specified. I have been given the opportunity to review the training materials and ask questions.

\_\_\_\_\_  
 Signature of Individual

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Instructor

\_\_\_\_\_  
 Date

Training materials utilized: Radiation Safety For Laboratory Technicians, Charles A. Kelsey Ph.D  
 Instrument Standard Operating Procedures  
 Handout on X-Rays/Gamma Rays