

SEALED SOURCE RADIATION SAFETY TRAINING PART II

Please meet with your Principal Investigator or supervisor to complete this hands-on training.

Name: _____

Net ID: _____

Email: _____

PI: _____

RADIOACTIVE SOURCE USE INFORMATION

To be filled out by PI or supervisor.

List typical sources and activities to be used:

REQUIRED TOPICS

To be filled out by PI or equipment supervisor.

*All the following topics are required to be reviewed for this training to be considered complete.
Please check off each box to indicate you have reviewed the topic. Incomplete forms will be returned.*

- ___ Sealed Source, Safe Handling Information – Review of Poster (see reverse)
- ___ Acquiring New Sources – Radiation Safety Involvement and Procedures
- ___ Administrative Controls: Review of any SOPs, log out/in, techniques, or other related documents
- ___ Identification of radiation hazards associated with the use of the sources
- ___ Personal Monitoring Devices: Applying, use, storage, exchange, and results
- ___ Preventing Personal Exposure and PPE
- ___ Emergency Procedures & Phone Numbers
- ___ Instrumentation and Surveys (including leak tests)
- ___ Security: Preventing unauthorized use or loss of radioactive sources (storage security)

PI or Lab Supervisor Name (print): _____

PI or Lab Supervisor Signature: _____

Date Training Completed: _____

Please return completed form to EHS Training Coordinator.

BY EMAIL
safetytraining@yale.edu

OR

BY MAIL
EHS Training Coordinator
135 College Street, Suite 100
New Haven, CT 06510