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

RRRSS – Radiation Safety Sealed Source Training Part II – Revised on 5/21/18