

Radiation Safety Training Program

Attachment D, Statement of Training and Experience Form



**Radiation Protection Group
Statement of Training and Experience**

I. INSTRUCTIONS: All individuals must complete formal radiation safety training before using ionizing radiation. The training that is required depends on the type and amount of material to be used, and the individual's current training and experience. Most individuals must attend courses given by the Radiation Protection Group (RPG) staff, and then receive on-the-job training by the laboratory supervisor. If you have any questions, please call the RPG at extension 7652. Please fax this completed form to the RPG group at extension 4776 or mail to 75B101.

Last Name _____ First Name _____ MI _____ Employee No. _____
Department _____ Mail Stop _____ Phone _____ Fax _____
e-mail _____ RWA / RWP / SSA / XA# or PI _____

II. WHAT RADIATION WORK DO YOU ANTICIPATE PERFORMING AT LBNL:

- Unsealed Radioisotopes Sealed Radioactive Sources Radiation Producing Machines (88", ALS, X-ray)
 Construction/Maintenance Other _____

III. TRAINING AND EXPERIENCE IN RADIATION SAFETY:

Institution _____ Began _____ Completed _____
Institution _____ Began _____ Completed _____
Institution _____ Began _____ Completed _____

*DOE training within the last two years, documentation required

IV. ESTIMATE THE NUMBER OF CLASSROOM CONTACT HOURS FOR EACH TOPIC:

Topic	Hours	Date Received
Physics of Ionizing Radiation and Radiation Units		
Bioeffects of Ionizing Radiation		
Radiation Hazards and Protection Methods		
Monitoring and Survey Methods		

IV. NOTE RADIATION-PRODUCING MACHINE OR TYPICAL RADIONUCLIDES YOU HAVE HANDLED IN THE APPROPRIATE BOX, e.g. H-3, I-125.

Type of Source	µCi	mCi	Ci	Years Exp
Sealed Sources				
Unsealed Alpha Emitters				
Unsealed Beta and Gamma Emitters				
X-ray Devices				
Accelerator / Cyclotron				
Self-shielded Irradiator				
Other				

Internal Use Only	
	Req.
471 Class	
471 Challenge	
472 Class	
472 Challenge	
RPG HP	
Signature _____	

I certify that all the above information is true and accurate to the best of my knowledge and authorize verification.

Signature _____ Date _____

cc: RWA / RWP / SSA / XA File, HP, Worker