

## STATEMENT OF TRAINING AND EXPERIENCE FOR USE OF RADIONUCLIDES AND RADIATION DEVICES

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 materials to be used, and the individual's current training and experience. Most individuals must attend an eight-hour course given by Health Physics, and then be provided on-the job training by the laboratory supervisor. You will receive specific instructions after Health Physics evaluates your training and experience. If you have any questions, please call Health Physics at 723-3201. Fax this completed form to Health Physics at 723-0632. Complete ALL fields!

|   |            |           |                   |            |            |    |
|---|------------|-----------|-------------------|------------|------------|----|
| <b>(CRA #) CONTROLLED RAD. AUTH<br/>&gt;&gt; REQUIRED! &lt;&lt;</b> |            | LAST NAME |                   | FIRST NAME |            | MI |
| M OR F  | DEPARTMENT | POSITION* | MAIL CODE         | WORK PHONE | FAX NUMBER |    |
| EMAIL ADDRESS   |            | SUNet ID  | BUILDING AND ROOM |            |            |    |

\* POSITION: Faculty, Post-Doc; Visiting Scientist; Student; Staff

Duration at Stanford:  30 days  ≤ 6 months  > 6 months

What sources will you use here:  unsealed radiochemicals  sealed radioactive sources  XRD  
 irradiator  XRF  medical x-ray  non-medical x-ray  cabinet x-ray

### TRAINING AND EXPERIENCE WITH RADIATION SOURCES

|             |               |               |
|-------------|---------------|---------------|
| INSTITUTION | BEGAN (MM/YY) | ENDED (MM/YY) |
| INSTITUTION | BEGAN (MM/YY) | ENDED (MM/YY) |

### ESTIMATE THE NUMBER OF CLASSROOM CONTACT HOURS FOR EACH TOPIC

| Topic   | Hours |
|---|-------|
| Physics of ionizing radiation and radiation units |       |
| Bioeffects of ionizing radiation                  |       |
| Radiation hazards and protection methods          |       |
| Regulations and standards                         |       |
| Monitoring and survey methods                     |       |

| OFFICE USE ONLY     |       |         |     |
|---------------------|-------|---------|-----|
| CLASS               | COMPQ | PROQ    | XRD |
| SCORE               |       |         |     |
| DATE                |       |         |     |
| BY                  |       |         |     |
| ___ SHP             |       | ___ OJT |     |
| NOTES ___/___/___   |       |         |     |
| Cd REQS ___/___/___ |       |         |     |

**NOTE TYPICAL RADIONUCLIDES YOU HANDLED AND LENGTH OF EXPERIENCE IN THE APPROPRIATE BOX, E.G. H-3 5 DAYS; 1-125 6 MONTHS; CS-137 3 YEARS**

| TYPE OF SOURCES                           | MICROCURIES | MILLICURIES | CURIES | KILOCURIES |
|---|-------------|-------------|--------|------------|
| <b>SEALED SOURCES OR NEUTRON EMITTERS</b> |             |             |        |            |
| <b>UNSEALED BETA AND GAMMA EMITTERS</b>   |             |             |        |            |

WHAT DEVICES HAVE YOU USED:  XRD  self-shielded irradiator  XRF  medical x-ray  non-medical x-ray  cabinet x-ray  \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date