



FORM RC-1

TRAINING AND EXPERIENCE OF AUTHORIZED USER OF RADIOACTIVE MATERIALS

Please return the completed form to the Department of Environmental Health & Safety: CSC 162

Name: _____
Department: _____ Date: _____

Training and experience (Use supplemental sheets, if necessary)

	Type of Training	Where Trained	Duration of Training	On the Job (Circle answer)		Formal Course (Circle answer)	
				Yes	No	Yes	No
A	Principles and practices of radiation protection ...			Yes	No	Yes	No
B	Radioactivity measurement standardization, monitoring techniques & instruments...			Yes	No	Yes	No
C	Mathematics & calculations basic to measurement of radioactivity...			Yes	No	Yes	No
D	Biological effects of radiation...			Yes	No	Yes	No

Experience with Radiation (Actual use of radioactive materials or equivalent experience)

Radioactive Materials	Maximum Radioactivity	Where Experience was gained	Duration of Experience	Type of Use

Statement of Agreement: The below signed individual signifies that he/she has read and is willing to abide by the FIU Radiation Protection Manual and regulations, and State and Federal regulations governing the use of radioisotopes and other sources of ionizing radiation. The undersigned agrees to comply strictly with all such University, State and Federal regulations and hereby waive any right or recourse against FIU, its officers, agents and employees for any injury or damage whatsoever resulting from any failure of the undersigned to fully conform with the said regulations.

Name: _____ Signature: _____ Date: _____