

## 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. Send the completed form to Chiara Levin @ chiara1@stanford.edu.

LAST NAME	FIRST NAME	MI	M OR F	<input type="checkbox"/> STANFORD <input type="checkbox"/> VAPAHCS
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DEPARTMENT	POSITION*	MAIL CODE	PHONE	GRA OR PRINCIPAL INVESTIGATOR
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\* POSITION: Faculty, Post-Doc; Visiting Scientist; Student; Staff      EMAIL ADDRESS: \_\_\_\_\_

Appointment:    30 days    ≤ 6 months    > 6 months      SUNet ID# \_\_\_\_\_

What sources will you be working with here:    unsealed radiochemicals    sealed radioactive sources

Animal Imaging or PET Isotopes    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	

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
Sealed sources or neutron emitters				
Unsealed beta and gamma emitters				

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date