UNIVERSITY OF DELAWARE

DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

PERMIT SUPERVISOR TRAINING CERTIFICATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been instructed as a worker in a radioactive material use area with the following status (check one)--

[ ] **NON-RADIOISOTOPE USER**: Works in lab but does not handle radioactive materials. *Complete sections I and IV only*.

[ ] **TRAINEE**: Works with radioactive materials but has no, or limited, past training and/or experience. Must be directly supervised by an Authorized User during radioactive material work. *Complete sections I, II, and IV only.*

[ ] **AUTHORIZED USER**: Has demonstrated competence in working with radioactive material safely. Direct supervision not required. *Complete sections I, II,* ***III****, and IV.*

-----------------------------------------------------------------------------------------------------------------------------------

**SECTION I.** Instruction in the following topics was provided:

[ ] Protective rules for preventing personal exposure and laboratory contamination.

[ ] Emergency procedures and phone numbers.

[ ] Security requirements

[ ] Location of storage areas and designated work areas in the lab where radionuclides may be used.

[ ] Responsibilities of non-radioisotope personnel/trainees/authorized users at the University of Delaware.

-----------------------------------------------------------------------------------------------------------------------------------

**SECTION II.** Instruction in the following topics was provided:

[ ] Type(s) of radiation and energy(s) of radiation for the radionuclide(s) used.

[ ] External and internal biological hazards of radionuclide(s) used.

[ ] Special handling problems of radionuclide(s) used.

[ ] Operation of survey and laboratory instrumentation.

-----------------------------------------------------------------------------------------------------------------------------------

**SECTION III.** The named individual has been trained in and has demonstrated competency to conduct the following specific radionuclide technique(s). [List name of technique, radionuclide, and amount of activity used.]

-----------------------------------------------------------------------------------------------------------------------------------

**SECTION IV.** Permit Supervisor and Laboratory Worker sign below. Return completed form to Environmental Health and Safety, 132 General Service Bldg -or- fax to (302) 831-1528

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Permit Supervisor Laboratory Worker Date

(rev. 4/2011) [DOHS approval- \_\_\_\_\_\_\_]