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-RADIOISO TOPE 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, III, 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.
- Safe handling techniques for 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 - or - scan and email to wfendt@udel.edu

Permit Supervisor __________________________ Laboratory Worker __________________________ Date __________

(rev. 2/2017) [DEHS approval- _______]