

RADIATION TRAINING RECORD

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Status:    \_\_\_ Faculty  
          \_\_\_ Technician  
          \_\_\_ Work/Study Student  
          \_\_\_ Summer student employee  
          \_\_\_ Undergraduate  
          \_\_\_ Other \_\_\_\_\_

Name of Principal Investigator \_\_\_\_\_

Department \_\_\_\_\_ Telephone \_\_\_\_\_

Work Area \_\_\_\_\_

I, the undersigned, have received the training checked off below in fulfillment of the requirement under Title 10 of the Code of Federal Regulations Part 19.12, "Instruction to Workers". Such training is required for all persons involved in the use of radioactive material at Williams College. I will read and become familiar with all applicable sections of the Williams College Radiation Safety Handbook.

INSTRUCTIONS: Please check off all training received.

- \_\_\_ 1) Indiana University Radiation Training Series
- \_\_\_ 2) "The Double-Edged Sword" -- training for X-ray equipment safety
- \_\_\_ 3) Laser Safety videotape
- \_\_\_ 4) "Contamination Control" -- Radiation safety training
- \_\_\_ 5) Other: \_\_\_\_\_

Have you ever been issued personal monitoring devices (film badge, TLD, pocket dosimeters) before coming to Williams? Yes \_\_\_ No \_\_\_

If yes, give the name and address of institution(s) or company below:

\_\_\_\_\_

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Signature: \_\_\_\_\_