

Mount Holyoke College
Radiation Safety Personnel Training Record

Researcher's name: _____

MHC ID #: _____

DOB: _____
[Must be 18 years or older]

Staff/ Student/Faculty: _____ Class Year: _____

Name of Investigator : _____

I have received training in the use of _____

This training included the following topics:

- Risks from Occupational Radiation Exposure
- Procedures necessary to minimize exposure
- Purpose and function of protective equipment, monitoring equipment, and personnel dosimeters
- The Mount Holyoke College Radiation Protection Program
- License conditions and/or State regulations governing the use of RAM and/or radiation producing machines
- General radiation safety practices
- Procedures for safety opening packages (Appendix D)
- Emergency response procedures (Appendix E)

and I was given a copy of Appendix F — Safety Use of Radioactive Materials in MHC Research Labs.

I understand the health risks associated with radiation exposure and the precautions necessary to minimize my exposure and/or uptake. I accept the responsibility of performing my assignments in accordance with the procedures of the Mount Holyoke College Radiation Protection Program and those taught to me by authorized faculty members.

Signature of Researcher: _____

Date: _____

Signature of P.I.: _____

Notes:

Send a copy of this Training Record to Environmental Health and Safety