**SYRACUSE UNIVERSITY**
**ENVIRONMENTAL HEALTH AND SAFETY SERVICE OFFICE**

# RADIOACTIVE MATERIAL LABORATORY ORIENTATION AND TRAINING FORM

Radioactive material laboratory training must be performed in the radiation laboratory and must be provided by the Radiation Supervisor or another authorized radioactive material user in the laboratory, prior to independently handling radioactive material. Instruction must be provided on each of the general radiation laboratory safety topics listed below. In addition, 40 hours of directly supervised training performed in the laboratory which may include observation, instruction, practice (i.e. dry run), use of equipment, supervised handling of radioactive materials, etc., must be completed and documented below. This training must be completed **within 4 months** of obtaining conditional approval to work with radioactive materials unless an extension is granted by the RSO. This completed form must be submitted to the University's Environmental Health and Safety Services. A copy of this form should be maintained by the Radiation Supervisor.

**Name:** _____ **Radiation Supervisor:** _____

**Laboratory Location:** _____ **Isotopes Used:** _____

## General Radioactive Material Laboratory Safety Instruction

| Instruction Topic | Date Completed | Signature of Trainer |
|---|---|---|
| Areas where radioactive materials are stored and disposed | | |
| Location and use of radioactive material inventory, disposal and survey records | | |
| Radioactive waste management and documentation in the laboratory | | |
| Storage location of personnel exposure monitors, exposure reports, lab coats | | |
| Proper use of radiation survey instruments and related records | | |
| Location of radiation safety documents, records, manuals, and postings | | |
| Location of emergency eyewash and safety shower | | |
| Standard operating procedures for radioactive material experiments | | |
| Specific hazards of radioactive materials and related compounding and safety precautions | | |

## 40 Hours of Supervised Training and Instruction *(use additional sheets if necessary)*

| Date | Description of Training | Training Method | Duration | Trainer Signature |
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**Return completed forms to SU EHSS at 029 Lyman Hall or scan and email to rjponza@syr.edu**