University of Illinois at Urbana- Champaign

DIVISON OF
RESEARCH SAFETY
RADIATION SAFETY
(217) 333-2755

101 S.GREGOGRY ST.
URBANA, IL 61801
MC-225

CERTIFICATION
OF
RADIATION SAFETY INSTRUCTION

LABORATORY SUPERVISOR _____ RADIATION PERMIT NO. _____
PLEASE PRINT

THE NATURE OF THE INSTRUCTION THAT IS REQUIRED IS OUTLINED IN THE UIUC RADIATION SAFETY MANUAL. UIUC IS SPECIFICALLY REQUIRED BY THE ILLINOIS DEPARTMENT OF NUCLEAR SAFETY TO PROVIDE WORKERS AT UIUC WITH INSTRUCTION IN THE FOLLOWING AREAS:

A. HEALTH PROTECTION PROBLEMS ASSOCIATED WITH EXPOSURE TO RADIATION.
B. PROCEDURES TO BE EMPLOYED TO MAINTAIN EXPOSURES AS LOW AS IS REASONSONABLY ACHIEVABLE.
C. PURPOSE AND FUNCTIONS OF PROCTECTIVE DEVICES TO BE USED.
D. THE INDIVIDUAL'S RESPONSIBLITIY TO REPORT TO THE DIVISION OF RESEARCH SAFETY ANY CONDITION WHICH MAY LEAD TO OR CAUSE A VIOLATION OF APPLICABLE STANDARDS.
E. THE APPROPRIATE RESPONSE TO WARNINGS MADE IN THE EVENT OF AN UNUSUAL OCCURENCE OR MALFUNCTION THAT MAY INVOLVE EXPOSURE TO RADIATION.
F. THE AVAILABILITY OF RADIATION EXPOSURE REPORT, WHICH WORKERS MAY REQUEST FROM THE RADIATION SAFETY OFFICE.

THE EXTENT OF INSTRUCTIONS, WHICH YOU MUST PROVIDE SHOULD BE COMMENSURATE WITH THE DEGREE OF HAZARD EXPECTED.

I CERTIFY THAT THE FOLLOWING INDIVIUALS HAVE BEEN INSTRUCTED IN THE SAFE USE OF IONIZING RADIATION SOURCES WITH WHICH THEY ARE AUTHORIZED TO WORK DURING THE _____ ACADEMIC YEAR.

_____ _____
SIGNATURE OF LABORATORY SUPERVISOR DATE

NAME	DATE INSTRUCTION COMPLETED	PERSON'S SIGNATURE