

MARQUETTE UNIVERSITY

Milwaukee, Wisconsin

RADIATION WORKERS' AFFIRMATION OF TRAINING STATEMENT

I have been instructed in radioisotope safety procedures and in the nature of injuries that may result from same or overexposures thereto. I understand and have been instructed in all safety rules of Marquette University as described in the Marquette University Radioactive Isotope Users Manual. This includes any restrictions in techniques that may be required for the safe operation of the equipment.

I have sufficient understanding of all safety rules, working conditions, and hazards involved in the use of radioisotopes to work under the direction and supervision of an Authorized User.

I have ____/ have not ____ previously worked with radioactive materials at another institution before joining Marquette University.

Signature of Radiation Worker

Printed Name

Date

Concurring Signature of
Supervising Authorized User

Printed Name

Date

In order to provide future exposure reports, please provide a permanent mailing address where this information can be sent:

