

Radiation Protection Supervisors' Training Checklist

Full Name of RPS: _____
(block capitals please)

RADPER Number: _____

Area Responsible for : _____
(block capitals please) *For example: WTB Floor2.

Name of Trainer(s): _____
(block capitals please)

Topic	Date once completed
1. CLS guidance booklet	
2. Safety Services guidance booklets	
3. CLS Radiation Safety web pages	
4. Safety Services Radiation Safety web pages	
5. Safety Services New Users Course	
6. Legislation	
7. SEPA Certificates	
8. SEPA Inspections	
9. Duties of RPS	
10. Properties of radionuclides in use	
11. Selection and use of shielding understood	
12. Requirement for spill trays and/or bench-coat understood	
13. Selection and use of mini-monitors understood	
14. Emergency Reporting Procedure understood	
15. Emergency contact names/numbers identified	
16. Spill SOPs understood and location/contents of Spill Kit and spill video and training	
17. Supervised Area identified	
18. Designated radioisotope workstations within/outwith Supervised Area identified	
19. Areas of general lab bench designated as Low Level Areas identified	
20. Open Bench Limits identified and understood	
21. Allocation of finger/body badges understood	
22. Radper Database: adding new users; amending existing record; withdrawing registration; checking badge numbers	
23. Sealed Source Database: adding new source; amending existing record; 6 monthly checks; removing a source	
24. Ordering procedure understood	

25. Internal transfer procedure understood	
26. External transfer procedure understood	
27. Vial ID number system understood	
28. Use & Disposal sheets understood	
29. Storage locations for stocks identified	
30. Regular stock checking	
31. Waste streams	
32. Waste bins, packaging and labelling	
33. Radioactive waste disposal sinks identified	
34. Radioactive waste disposal sink limits and disposal record	
35. Fume hood limits and disposal record understood	
36. RiMS: <ul style="list-style-type: none"> • initial set up; • isotope sheets; • totals sheet; • limits sheet; • vial ID sheet; • waste to store sheet; • handy calculator; • monthly returns procedure; • correcting errors in current and previous files. 	
37. Need for accurate, timely and full completion of monitoring logs understood	
38. Requirement to monitor self (hands, clothing, soles of shoes) understood	
39. Assurance monitoring log downloaded and customised	
40. Required frequency of monitoring understood	
41. Wipe test procedure understood	

Date of Final Completion: _____

Signature of Trainee: _____

Signature of Trainer(s): _____

*Please send a copy of the completed, signed form to the CLS Health & Safety Information Officer.
Original to be retained by the trainee.*