

Radioisotope Users' Training Checklist

Full Name of Trainee: _____
(block capitals please)

RADPER Number: _____

Designation* & Group: _____
(block capitals please) *For example: PhD Student, Honours Student, Visitor, Group Leader.

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

Topic	Tick once completed
1. RADPER completed and submitted to Safety Services	
2. CLS guidance booklet issued	
3. CLS Radiation Safety web pages bookmarked	
4. Emergency Reporting Procedure understood	
5. Emergency contact names/numbers identified	
6. Spill SOPs understood and location of Spill Kit identified	
7. Need to wear finger/body badges understood	
8. Ordering procedure understood	
9. Internal transfer procedure understood	
10. External transfer procedure understood	
11. Vial ID number system understood	
12. Need for accurate, timely and full completion of Use & Disposal sheet understood	
13. Waste disposal routes understood	
14. Radioactive waste disposal sinks identified	
15. Need to observe sink limits and fill in disposal record understood	
16. Need to observe fume hood limits and fill in disposal record understood	
17. Storage locations for stocks identified	
18. Need for accurate, timely and full completion of monitoring logs understood	
19. Requirement to monitor self (hands, clothing, soles of shoes) understood	
20. Required frequency of monitoring understood	
21. Selection and use of mini-monitors understood	
22. Wipe test procedure understood	
23. Supervised Area identified	
24. Designated radioisotope workstations within/outwith Supervised Area identified	
25. Areas of general lab bench designated as Low Level Areas identified	
26. Open Bench Limits identified and understood	
27. Selection and use of shielding understood	
28. Requirement for spill trays and/or bench-coat understood	
29. One to one supervision and instruction arranged	
30. Reminder to female workers that those who may be pregnant are legally required to inform the University RPA to enable a suitable risk assessment to be made	

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.