

**Form RC-1**

**STATEMENT OF RADIATION SAFETY TRAINING  
& RELATED EXPERIENCE**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Dept./Lab & Office No.: \_\_\_\_\_ Radioisotopes to be Used: \_\_\_\_\_

- Authorized User       Associate Investigator       Radioactive Worker  
 Attach current CV      Attach current CV

**Radiation Safety Training**

Description of Training	Training Provider & Location	Date	Duration
Principles & practices of radiation protection including ALARA principles			
Radioactivity measurements			
Use of radiation detection instruments and monitoring techniques			
Biological effects of radiation			
UCF Specific Radiation Safety Operating and Emergency Procedures	UCF RSO	TBD	1 hour

**Experience with Radioisotopes and/or Radiation Machines**

Isotope	Max. Activity	Type of Use	Location	Dates	Hours
Machine Description	Type of Use	Location	Dates	Hours	

*The above information is an accurate description of my radiation safety training & related experience.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: If additional space is needed, use additional copies of this form or attach supplemental sheets.