

MEMORANDUM

To: Philip Maguire
Assistant Radiation Safety officer
Environmental Health and Safety Division

Subject: Training Checklist for New Users of the Nordion Irradiator

NAME: _____

PAU NAME: _____
(If individual requesting approval is not a Principal Authorized User)

The signature blocks below verify task completion.

- | | |
|--|--------------------------|
| 1. DVD training material reviewed with and verified by instructor. | <input type="checkbox"/> |
| 2. Use of the ion- chamber survey meter satisfactorily demonstrated. | <input type="checkbox"/> |
| 3. Normal operating procedures of irradiator demonstrated correctly | <input type="checkbox"/> |
| 4. Simulated emergency procedures followed correctly. | <input type="checkbox"/> |
| 5. Reviewed Security Requirements. | <input type="checkbox"/> |

Signature of New User/Date

APPROVAL

I certify that the above individual has satisfactorily completed all training requirements for use of the Nordion Irradiator.

Instructor/Date

This document is an official training record and must be completed fully.

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(To be completed by the Radiation Safety Office)

Initials

Radiation Safety Training Current ☐ _____

Rad Worker Registration/Dosimetry Current ☐ _____

Philip Maguire
Assistant Radiation Safety Officer