

**Auburn University**  
*Certificate of Training for Use of Radioactive Materials*

\_\_\_\_\_  
Name of Radiation Worker

\_\_\_\_\_  
Name of Instructor (Principal Investigator or Designee)

- Use of protective clothing and equipment*
- Use of radiation monitoring equipment*
- Experiment protocols and safety rules specific to the laboratory*
- Security of radioactive materials*
- Maintenance of required records*
- Emergency procedures*
- \_\_\_\_\_
- \_\_\_\_\_

We certify that the radiation worker named above has been trained and instructed in the proper and safe use of radioactive materials. The extent of this training and instruction is such that we are confident that the radiation worker is qualified to safely perform those procedures which may be assigned. All of the topics checked above have been discussed.

\_\_\_\_\_  
*Signature of Radiation Worker*

\_\_\_\_\_  
*Signature of Instructor*

\_\_\_\_\_  
*Date of Training Completion*

When completed, return this form to: Radiological Safety Officer  
1161 W. Samford Ave. RMS Bldg 9.