

Radiation Experience Record

NAME:	ORGANIZATION CODE:
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1. TYPE OF TRAINING

	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB	FORMAL COURSE
a. Principles of radiation protection			<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Activity measurement techniques			<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. Mathematics basic to use of radioactivity			<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. Biological effects of radiation			<input type="checkbox"/> YES <input type="checkbox"/> NO	

2. EXPERIENCE WITH RADIATION *(Actual use of radioisotopes or equivalent experience)*

ISOTOPE	MAX. AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

3. RADIATION DETECTION INSTRUMENTS USED

TYPE OF INSTRUMENT	RADIATION DETECTED	USE <i>(Monitoring, Surveying, Measuring)</i>

SIGNATURE:	DATE:
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