

Radiation Worker Checklist

The following is a list of information which should be reviewed by the Authorized User with all new radiation lab workers. Please complete the checklist as soon as possible (within 2 weeks). Please make a copy for the employee to keep and review and return the original to the Radiation Safety Officer (RSO). Both employee and Authorized User need to sign the bottom of the checklist acknowledging review and discussion of these topics.

Radiation Safety Checklist	Yes	No	N/A
1. Radiation Safety Training has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Worker will be exposed to radioactive materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole body and/or ring badge required and request sent to RSO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radiation warning symbols and their meanings have been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proper storage of radioactive materials, chemicals and biohazards agents present in the laboratory has been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Principles and practices of radiation safety reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The location and types of radioactive waste and containers have been identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Security requirements for radioactive material have been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use of Personal Protective Equipment (gloves, safety eyewear, smocks and appropriate shoes) explained to worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Radiation survey instrument operation & annual calibration requirement reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Radiation safety surveys & contamination limits explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Previous occupational exposure. (If yes, have worker fill out Occupational Exposure History Form & forward to the RSO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Review of MTSU's Radiation Safety Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Quarterly radiation dosimeter exposure report & annual radiation exposure limits have been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worker Consent: *I certify that I have been provided with and understand the information indicated above. I understand that I am responsible for adhering to all safety practices, laws, rules and guidelines.*

 Worker Signature Date

Authorized User: *I certify that the above information was reviewed with or provided to the above worker.*

 Authorized User Signature Date

