



Student Training

Employee Training

I, _____, certify that I have read and understood the Radiation Safety Manual in accordance with NRC 10 CFR Part 20. I hereby agree to observe the policies and procedures referenced therein, I have had the opportunity to ask questions and I further understand that I can refer questions at any time to the Environmental Health and Safety Office, or the Radiation Safety Officer by calling (909) 869-4987.

Instructions for Radiation Users:

Please complete the requested information below:

| | |
|----------------------------|--|
| Name: | |
| Date: | |
| Department: | |
| Course No: (students only) | |
| Bronco ID: | |
| CPP e-mail: | |

Safety Training Courses

| | Date of Completion |
|------------------------------|--------------------|
| Radiation Safety | |
| Laser Safety (if applicable) | |
| Other(s) | |
| | |

Radiation User Acknowledgement:

| | |
|------------|--|
| Signature: | |
|------------|--|

Radiation Safety Officer

| | |
|----------------|--|
| Date Received: | |
| Status | |
| RSO Signature | |