

# TRAINING AND EXPERIENCE STATEMENT

Name \_\_\_\_\_ Office or Lab \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_

Type of Training	Where Trained	Dates and Duration of the Training	On the Job	Formal Course
Principals and Practices of Radiation Protection				
Radioactive Measurements, Standardization and Monitoring Techniques and Instruments				
Biological Effects of Radiation				
Mathematics and Calculations Basic to Use & Measurements of Radioactivity				

### RADIOACTIVE HANDLING EXPERIENCE

Isotope	Max. Amount	Where Experience was gained	Date and Duration of Experience	Type of Use

\_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Return to: Radiation Safety Officer  
 Louisiana Accelerator Center