**University Occupational Health and Safety Form**

**Training and Competency Record for using Radioactive Sources/GENERATORS**

Trainees must already have undergone the relevant University safety induction and must be familiar with the Departmental OHS Safety Arrangements. Training should be carried out by the Principal Investigator / Laboratory Supervisor / Line Manager in charge of the project or a competent person designated by the PI.

New workers will be directly supervised until judged by the PI to be competent to work independently and the worker has acknowledged that they are confident to do so. Details of the training carried out are shown in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Description** | **Completed**  (please initial) | |
| **Supervisor** | **Trainee** |
| ***Registration*** | * *Complete registration using University* [*eRad*](https://spider.science.strath.ac.uk/erad/login.php) *system.* |  |  |
| ***University Radiation Safety Induction*** | * *Complete the relevant University safety inductions via MyPlace for the forms of radiation that they will be working with.* |  |  |
| ***Departmental Requirements*** | * *Read, understand and sign the relevant radiation risk assessments for the work they will be undertaking.* * *Read and understand the departmental radiation safety arrangements.* * *Read the department’s radiation incident management plans.* |  |  |
| ***Radioactive Substances***  ***Disposal of Waste*** | * *Ensure the use of best practicable means* * *Reduce all wastes that are treated as radioactive.* * *Maintain accurate and clear logs of all radioactive materials used and disposed of.*   ***Solid Waste***   * *Ensure appropriate segregation of waste.*   ***Liquid Waste***   * *Minimise the amount of liquid disposed of to sink.* |  |  |
| ***Radiation and Contamination Monitoring*** | * *Aware of the need for routine radiation and contamination monitoring (where needed)* * *Has been shown the proper technique for conducting radiation and contamination monitoring* |  |  |
| ***Maintenance of laboratory*** | * *General housekeeping responsibilities.* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Principle Investigator acknowledgement of training and competency**

The below named person has been given the required training and is competent to work with the radioactive sources listed below. **To be filled out by the Principal Investigator.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | *Name of trainee* | | | | | | |
| **Source of Radiation** | **Sealed** |  | **Unsealed** | |  | **X-Ray** |  |
| **Radioisotopes** | *List all radioisotopes worker may use* | | | | | | |
| **Location(s) of work** |  | | | | | | |
| **Principal Investigator** | *Please print name* | | | *Please sign name* | | | |
| **Date** |  | | | | | | |

**Trainee acknowledgement of training and competency**

I acknowledge that I have been trained in the safe-handling of the radioactive sources listed above and I am confident to work independently. I also agree to help maintain the laboratory and I understand that I can be excluded from the laboratory if I fail to follow the safety regulations (2 warnings will be given before exclusion). **To be filled out by the trainee.**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Signature** |  |

**Record of warnings issued**

**To be filled in by the Principal Investigator.**

|  |  |  |
| --- | --- | --- |
|  | **Reason for warning/exclusion** | **Date** |
| **Warning 1** |  |  |
| **Warning 2** |  |  |
| **Exclusion** |  |  |