



## **Radiation Worker Certificate**

**I, the undersigned, have received training in the following subjects/items:**

- ☐ **I acknowledge that the laboratory where I work is authorized to possess and use certain radioactive materials in accordance with a Radioactive Materials Permit issued by the UGA Radiation Safety Office.**
- ☐ **I understand there are potential health risks associated with exposure to ionizing radiation and radioactive materials.**
- ☐ **I acknowledge that my laboratory's Advanced Radiation Worker (ARW) has been trained in UGA's Radiation Safety Policies and is the recommended person to lead my laboratory in radiation safety techniques and to answer associated questions.**
- ☐ **I am aware of the locations where our radioactive materials and radioactive wastes are used and stored.**
- ☐ **I understand that radioactive materials must be kept secure from unauthorized access, loss, theft, or use with malevolent intent.**
- ☐ **I am aware of where my laboratory's Radiation Safety records are kept.**
- ☐ **I understand and can recognize the signs and labels used for Radiation Safety.**
- ☐ **I have been instructed in other appropriate Radiation Safety policies and procedures that are commensurate with my job duties and the types and quantities of radioactive materials in my work area.**
- ☐ **I have been provided access to a copy of the UGA Radiation Safety Manual for reference at any time.**
- ☐ **I have been instructed on how to contact UGA's Radiation Safety Office. I also understand that I have both the right and the responsibility to contact the Radiation Safety Office if I have any questions or concerns about the safety of radioactive materials or occupational exposure to ionizing radiation.**

**Name (printed)**\_\_\_\_\_

**Name (signature)**\_\_\_\_\_ **Date**\_\_\_\_\_

**Principal Investigator (printed)** \_\_\_\_\_

**Principal Investigator (signature)**\_\_\_\_\_ **Date**\_\_\_\_\_

**Department**\_\_\_\_\_