

Health Physics Radiation Safety Training Registration Form

Last Name: _____ **First Name:** _____

Department: _____ **Supervisor:** _____

Building: _____ **Room:** _____

Email: _____ **Contact Phone:** _____

Brief Description of Work (Location, Permit and Isotope, etc.): _____

Training Request:

The online training session shall be completed prior to attendance at any in-person training session.

	Training Session	Description
<input type="checkbox"/>	Authorized Laboratory Radioisotope User	This session prepares individuals to work with radioactive materials in Radioisotope Laboratories. It is expected that individuals registering for this session have immediate plans to handle radioisotopes independently. Additional training is required for access to the High Level Laboratory Facility. <input type="checkbox"/> I require access to the High Level Laboratory Facility
<input type="checkbox"/>	McMaster Nuclear Reactor – Module 2	Completion of this session prepares individuals for unescorted access to the McMaster Nuclear Reactor. Additional training is required to perform radiological work independently.
<input type="checkbox"/>	X-Ray User	This session prepares individuals to work with x-ray machines at McMaster University.
<input type="checkbox"/>	GammaCell User	GammaCell User Training prepares individuals to work with GammaCell Irradiators at McMaster University. This training session can be completed without additional laboratory training (Basic and Intermediate Laboratory) for those individuals who will not handle radioisotopes directly.
<input type="checkbox"/>	Other	Please specify: <input type="checkbox"/> Cyclotron User <input type="checkbox"/> Accelerator User <input type="checkbox"/> Taylor Radiobiology Source User

Supervisor/Sponsor Information:

Name: _____ Contact Information (Email/Extension): _____

I confirm that the individual listed will perform radiological work independently, require access to a nuclear facility (MNR, Irradiators, Accelerators, etc.) or X-Ray Facility as part of their work. I confirm that they have completed the online training session and will arrange for further, job-specific, training to prepare them for specific job-tasks as required.

Signature

Date

Please submit this form to Health Physics in order to register for additional Radiation Safety Training.