

¹³¹Iodine Therapy Nursing Inservice Sign In Sheet



Radiation Safety

Patient: _____

Date: _____

Lecturer: _____

- TOPICS:**
- Exposure Control Measures: Time, Distance & Shielding**
 - Visitor Control for doses <100 mrem/yr and 2 mR/hr to unrestricted areas (10 CFR 20.1301)**
 - Patient Control Measures**
 - Contamination Control**
 - Waste Control**
 - RSO Notification for emergency / patient death**

ATTENDANCE
