



Nuclear Medicine Physician Worker Instruction Program

Facility: _____

Date Completed: _____

WRITTEN INSTRUCTION

I have read the following documents and understand their content. If I have any questions in the future regarding these matters, I realize that I may request additional information from my supervisor, the Radiation Safety Officer, or a physicist at Medical Physics Consultants, Inc. (734-662-3197).

All items listed can be found in the Radiation Protection Manual unless otherwise referenced.

- _____ NRC-3 Form Notice to Employees
- _____ State Notice to Employees
- _____ Regulatory Agencies
- _____ Storage and Accountability of Radioactive Material
- _____ Radiation and Risks
- _____ Breast-feeding Recommendations/Report
- _____ Notification of a Dose to Embryo or Fetus or Nursing Child
- _____ Instructions Concerning Pregnant Worker
- _____ Maintaining Occupational Exposures ALARA
- _____ Occupational Exposure Limits for Workers
- _____ Dose to Members of the Public
- _____ Personnel Monitoring Program
- _____ Medical Events vs Accidental Administration
- _____ Radiation Monitoring Instruments
- _____ Dose Calibrator Testing
- _____ Sealed Sources
- _____ Rules for Safe Use of Radiopharmaceuticals
- _____ Package Order and Receipt
- _____ Opening Returning Radioactive Packages
- _____ Byproduct Material - Dose Records
- _____ Area Survey Procedures
- _____ Area Wipes Test Procedures
- _____ Radioactive Spills
- _____ Waste Disposal
- _____ Prescribed Dosage List (Hot Lab Area)
- _____ HAZMAT Summary of DOT/NRC Radioactive Material Shipment
- _____ State Ionizing Radiation Rules
- _____ Xenon Monitoring
- _____ Written Directive Program
- _____ Written Directive Assurance
- _____ Written Directive Verification

Signature: _____

Date: _____