



# Nuclear Medicine Technologist 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 and 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: \_\_\_\_\_

Continued on other side

# Nuclear Medicine Technologist



## COMPETENCY TRAINING

The individual named below has been observed and/or examined regarding the acceptable performance of the routine radiation safety/required tasks checked below. Any discrepancies observed have been discussed with the individual.

- \_\_\_\_\_ Dose Calibrator Constancy Check
- \_\_\_\_\_ Survey Meter Proper Use
- \_\_\_\_\_ Well Counter Quality Control
- \_\_\_\_\_ Radioactive Package Receipt/Return
- \_\_\_\_\_ Area Survey
- \_\_\_\_\_ Removable Contamination Wipe Test
- \_\_\_\_\_ Hand/Clothing Monitoring
- \_\_\_\_\_ Proper Use of Syringe Shields, Gloves, Lab Coats
- \_\_\_\_\_ Radioactive Waste Disposal
- \_\_\_\_\_ Radioactive Spill Response
- \_\_\_\_\_ Patient Dosage Assay or Decay Correction Technique
- \_\_\_\_\_ Patient Injection with Radiopharmaceuticals

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Observed By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_