



# ***Stress Testing Personnel 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
- \_\_\_\_\_ Radiation and Risks
- \_\_\_\_\_ Instructions Concerning Pregnant Workers
- \_\_\_\_\_ Maintaining Occupational Exposures ALARA
- \_\_\_\_\_ Occupational Exposure Limits
- \_\_\_\_\_ Personnel Monitoring Program
- \_\_\_\_\_ Radiation Monitoring Instruments
- \_\_\_\_\_ Rules for Safe Use of Radiopharmaceuticals
- \_\_\_\_\_ Radioactive Spills
- \_\_\_\_\_ Prescribed Dosage List (Hot Lab Area)

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

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

# ***Stress Testing Personnel Worker Instruction Program***

## **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.

- \_\_\_\_\_ Survey Meter Proper Use
- \_\_\_\_\_ Hand/Clothing Monitoring
- \_\_\_\_\_ Proper Use of Syringe Shields (if applicable), Gloves, Lab Coats
- \_\_\_\_\_ Radioactive Spill Response
- \_\_\_\_\_ Patient Injection with Radiopharmaceuticals (if applicable)

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

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

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

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

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