

RADIONUCLIDE STATEMENT OF TRAINING

Please submit of and Field Safety	completed form y, Foust Hall 1	n with the <u>Application Form to</u> 08 or email to LABFIELDSAF	use Radioisotopes a ETY@cmich.edu.	at CMU to the Office	e of Laboratory
APPLICANT'S NAME:			TELEPHONE:		
DEPARTMENT:			GLOBAL ID:		
FORMAL TRAI	NING				
Description of Training Course (i.e., radiation fundamentals, detection, handling procedures and biological effects)			Date of Course	Duration of Course	Location of Course
EXPERIENCE \	WITH RADIAT	TION			
Radioisotope	Sealed or Unsealed	Institution where radioisotopes were used	Maximum quantity used at one time (μCi, mCi, Ci)	Description of how the radioisotopes were used	
COMMENTS					
Applicant's Sigr	nature		Date		_