



RADIONUCLIDE STATEMENT OF TRAINING

Please submit completed form with the Application Form to Use Radioisotopes at CMU to the Office of Laboratory and Field Safety, Foust Hall 108 or email to LABFIELDSAFETY@cmich.edu.

APPLICANT'S NAME: _____

TELEPHONE: _____

DEPARTMENT: _____

GLOBAL ID: _____

FORMAL TRAINING

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 RADIATION

Radioisotope	Sealed or Unsealed	Institution where radioisotopes were used	Maximum quantity used at one time (μ Ci, mCi, Ci)	Description of how the radioisotopes were used

COMMENTS

Applicant's Signature _____ Date _____