



**Radiation Protection Section
Environmental Health and Safety
University of Toronto**

University of Toronto Radiation Protection Authority

Radioisotope permit number: _____

Specific Work Training Check Sheet

#	Activity	Name of the instructor	Date of completion
1	I have been trained to use the radiation contamination meter available in the labs (if required).		
2	I have been trained to perform swipes and to use a Liquid Scintillation Counter available in the labs (if required).		
3	I have been trained to perform the specific work procedures and equipment (centrifuge, fume hood, etc.) approved in the above mentioned permit.		
4	I have been trained to use eye wash and shower in case of emergency		

Name of the trainee: _____

Signature of the trainee: _____

Name of the Permit Holder: _____

Signature of the Permit Holder: _____

Date: _____