



Student Training

Employee Training

I, \_\_\_\_\_, certify that I have read and understood the Radiation Safety Manual in accordance with NRC 10 CFR Part 20. I hereby agree to observe the policies and procedures referenced therein, I have had the opportunity to ask questions and I further understand that I can refer questions at any time to the Environmental Health and Safety Office, or the Radiation Safety Officer by calling (909) 869-4987.

**Instructions for Radiation Users:**

Please complete the requested information below:

Name:	
Date:	
Department:	
Course No: (students only)	
Bronco ID:	
CPP e-mail:	

**Safety Training Courses**

	<b>Date of Completion</b>
Radiation Safety	
Laser Safety (if applicable)	
Other(s)	

**Radiation User Acknowledgement:**

Signature:	
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**Radiation Safety Officer**

Date Received:	
Status	
RSO Signature	