



# TRAINING CHECKLIST FOR NEW USERS OF THE JL SHEPHERD MARK I IRRADIATOR

Name of User:

PAU Name:

(If individual requesting approval is not a Principal Authorized User)

Please check the boxes once the task is complete:

- Web training material reviewed with and verified by Mr. Fengchong (Vic)
- Kong Normal operating procedures of irradiator demonstrated correctly
- Simulated emergency procedures followed correctly
- Reviewed security requirements

**The signature below verifies task completion:**

\_\_\_\_\_  
Signature of User

Date:

## Approval

I certify that the above individual has satisfactorily completed all the training requirements for use of the JL Shepherd Irradiator.

\_\_\_\_\_  
Fengchong Kong

Date:

When complete, send form to the Radiation Safety Office, CI-1001, Attn: Phil Maguire, Assistant RSO.

## To be completed by the Radiation Safety Office

Radiation Safety Training Current: \_\_\_\_\_  
Initial

\_\_\_\_\_  
Philip Maguire, Assistant RSO

Date: