

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**CERTIFICATION OF TRAINING  
FOR IRRADIATOR OPERATORS**

Employee: \_\_\_\_\_ Department: \_\_\_\_\_ Ext: \_\_\_\_\_  
(Please Print Name)

Employee: \_\_\_\_\_ POSITION \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

- I. The above employee has received instruction on the safe operation of the specific irradiator they will be using. Yes No
- II. The above employee has completed the online MUSC Radiation Safety Training for Irradiator Operators. Yes No
- III. The above employee has been employed by MUSC for less than three years and the individual has been determined to be trustworthy and reliable by a review of their employment history and education history and by verification of personal references. To the extent possible, independent references, not supplied by the employee, have been consulted to corroborate the information provided by the individual. Yes No

\*This determination was made by: \_\_\_\_\_  
Signature Date

- IV. The above employee has been employed by MUSC for more than three years and the individual has been determined to be trustworthy and reliable by a review of their employment history. Yes No

\*This determination was made by: \_\_\_\_\_  
Signature Date

- V. The employee has received instruction regarding emergency procedures. Yes No
- VI. The employee has reviewed the Sensitive Information Policy. Yes No

\_\_\_\_\_  
Signature of Licensed Investigator License # Date

\*Documents regarding the employee's trustworthiness and reliability shall be retained for three years after the individual's employment with MUSC ends.