

MERCER UNIVERSITY SCHOOL OF MEDICINE

TRAINING DOCUMENTATION FORM

I. TRAINING INFORMATION

DATE

Program **Laboratory Safety and Radiation Safety Training**

Content of Session:

- **Practicing Safe Science**
- **Landauer Basic Radiation Safety Training CD-ROM**
- **Radionuclide Hazards**
- **Review of the Mercer University Radiation Safety Manual**

Instructor's Name **Jennifer M. Williams**

Instructor's Signature: _____

II. EMPLOYEE or STUDENT INFORMATION

I acknowledge by my signature below that I have attended the program named on this form.

Trainee Name (please print)	Trainee Signature	Trainee Social Security #	Supervisor Signature (if applicable) and Department