

# Sealed Sources Training Certificate

## University of California, Berkeley Office of Environment, Health & Safety

Certification of Training for RUA Number: \_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Identification Number: \_\_\_\_\_  
(Student or Employee ID Number)

Please certify *by checking off* that you have read, or received instruction in, and are familiar with the following:

Handbook for Safe User of Radioisotopes \_\_\_\_\_

UC Berkeley Radiation Safety Procedures (Poster): \_\_\_\_\_

I have read the training material titled "Sealed Source User Radiation Safety Training" and understand its contents.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Please return this certificate to:*

Office of Environment, Health & Safety (EH&S)  
317 University Hall  
Mail Code 1150