

**Form 207 – Refresher Training Record**

**INSTRUCTIONS:** The Authorized User must (at a minimum) annually retrain employees in:

- Emergency procedures
- Changes in regulations or IRUA conditions that affect operations
- Changes in operating procedures
- Control and measurement methods specific to laboratory
- Personal protective gear
- Maintenance of records of training, dosimetry, required surveys, and records of the receipt, use, transfer and disposal of radioactive materials

Name of Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_

**CERTIFICATION:** I understand the material contained in this training and any questions I had have been answered

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

Name of Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_

**CERTIFICATION:** I understand the material contained in this training and any questions I had have been answered

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

Name of Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_

**CERTIFICATION:** I understand the material contained in this training and any questions I had have been answered

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

Name of Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_

**CERTIFICATION:** I understand the material contained in this training and any questions I had have been answered

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