



# CEDARS-SINAI MEDICAL CENTER

*Departments of Volunteer Services and Radiation/Environmental Safety*

## **Radiation/Laboratory Safety Clearance Form**

The Independent Student is responsible for having the following form completed by Radiation/Environmental Safety, SSB 650 or faxed to 310-423-0143. Completed forms must be counter-signed at the bottom by the student's supervisor and returned to the Volunteer Services Department prior to beginning their work assignment. Please call 310-423-4336 if there are any questions.

Name of Student: \_\_\_\_\_

Department: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor/Principal Investigator: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_ Must attend a Radiation Safety Orientation Course on: \_\_\_\_\_

\_\_\_\_\_ Must obtain a Filmbadge (radiation dosimeter)

\_\_\_\_\_ Supervisor/Principal Investigator must document training in writing

\_\_\_\_\_ May not directly handle radioactive materials

\_\_\_\_\_ May not directly handle radioactive materials until training is complete

\_\_\_\_\_ May not directly handle biohazardous agents

\_\_\_\_\_ May not directly handle biohazardous agents until training is completed

\_\_\_\_\_ Baseline serum must be drawn if human sera/tissues are to be handled

\_\_\_\_\_ May not enter laboratories unless additional training is completed

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Donna L. Earley, Director  
Environmental Health & Safety

\_\_\_\_\_  
Date

I have read and acknowledge the above conditions pertaining to the Independent Student and will assure the completion of the above items prior to the Independent Student beginning work. As the Supervisor/Principal Investigator, I am responsible for the direct supervision and laboratory training of the Independent Student while working in my area and under my direction:

\_\_\_\_\_  
Supervisor/Principal Investigator

\_\_\_\_\_  
Date