

NORTHWESTERN UNIVERSITY
EVANSTON – CHICAGO

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WARD BLD., ROOM 106
303 EAST CHICAGO AVENUE
CHICAGO, ILLINOIS 60611

Statement of Annual Refresher Training
Gammacell Irradiator Facility

Complete this form and return it to ORS, B-106 Ward Building, W-223 Chicago

Principal Investigator: (please print clearly)

First Name: _____ Last Name: _____ Signature: _____

Department: _____ Building: _____ Room: _____

Date: _____ Telephone: _____ e-mail: _____

Radiation Workers Authorized to Use the Gammacell: (write full names, sign and date this form below)

I acknowledge that I have received the document outlining the operation of the Gammacell 40 irradiator facility and I have reviewed the contents of the document. I agree that I will abide by all required policies and procedures contained therein.

NAME

SIGNATURE

DATE

FOR ORS USE ONLY

Reviewed By: _____ Date: _____