



Fermilab Radiological Control Technician On-the-Job Training Validation Form

Name of Person Being Trained:

Fermilab ID:

Trainee's Signature: _____

Training Date (s): (Date): (Date):

RSO (or designee) Signature: _____ Date:

On-the-Job Training Tasks / Topics Covered:

1.

2.

3.

4.

5.

Total Length of Training (hours):

Comments: