

EVALUATION FORM

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE INSTRUCTOR AT THE CONCLUSION OF THE CLASS OR AS SOON AS POSSIBLE THEREAFTER. THE TRAINING IS NOT COMPLETE UNTIL THE FORM IS SUBMITTED.

TRAINEE:

I understand the hazards involved with controlled access and the procedures required of me.

Name (print) _____ ID # _____

Mail Station _____ Supervisor/Spokesperson _____

Telephone # _____ E-Mail _____

Signature _____ Date _____

SUPERVISOR CERTIFICATIONS:

I have determined that the above individual has a need to make controlled accesses. I have verified (either directly or through another knowledgeable person) that he/she knows how to use a log survey meter. I have reviewed the activities he/she will perform under controlled access conditions and have determined that Lockout/Tagout Level 2 training is

required. not required.

Supervisor signature _____ ID _____ Date _____

FOR INSTRUCTOR (RADIATION SAFETY OFFICER DESIGNEE) USE:

Radiological Worker training course FN000301/CR Date _____

Fermilab Controlled Access training course FN000311/CR Date _____

Lockout/Tagout Level 2 training course FN000212/CR Date _____
(if required above)

The prerequisite training requirements have been met.

RSO or Designee Approval _____ Date _____

Entered into TRAIN Database Date _____ Class Code # _____