OFFICE OF RADIATION CONTROL ALABAMA DEPARTMENT OF PUBLIC HEALTH P.O. Box 303017

Montgomery, Alabama 36130-3017

RADIATION SAFETY TRAINING CERTIFICATE FOR SERVICERS OF X-RAY EQUIPMENT

I. S	Servicer's Na	me	Social Security Number	
Date Employed			Company Name	
(Company Ado	dress		
II.		amed individual has satisfa x-ray equipment	ctorily completed radiation sat	fety training for
	(Da	te)		
	(Firm, So	chool or Consultant)	(Address)	
	1.	ARCR 420-3-2605 App	endix A Paragraph I	Hours
	2.	ARCR 420-3-2605 App	endix A Paragraph II _	Hours
	3. ARCR 420-3-2605 Appendix		endix A Paragraph III _	Hours
	4.	ARCR 420-3-2605 App	pendix A Paragraph IV _	Hours
		f initial training was provid	led by an outside entity, please	e attach a copy of the
III.	The above r		vedmonths/	
	training at_	(Firm's Name)		
IV.	The above named individual has demonstrated understanding of the principles of radiation safety for x-ray equipment.			
V.	I hereby certify that the above information is true and correct to the best of my knowledge.			
	(Service's Signature)			(Date)
		(Responsible Representati	tive)	(Date)

Code of Alabama 1975 § 13A-10-109 provides that the making of a false statement to a government official is a Class C misdemeanor punishable by a fine of up to \$500.00 or a sentence of up to 3 months in jail.

PLEASE SUBMIT THE ORIGINAL TO THE OFFICE OF RADIATION CONTROL AND RETAIN A COPY FOR YOUR RECORDS.

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