

Radiation Safety Training Request Form

Name (Last name, First name M.I): _____

Department: _____

Lab/Bldg. number: _____

Phone: _____

Email: _____

Authorized User: _____

Date of Hire: _____

X-ray User: Yes No

If yes, please provide information about the x-ray unit, make, model and user's protocol.

Mail completed form to:
Mr. Mark Hatcher, RSO
Middle Tennessee State University
P.O. Box 32
Murfreesboro, TN 37132

Email: Mark.Hatcher@mtsu.edu

