



## 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: