

General SAMI Orientation provided to \_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Trainee signature Facility Manager signature Date

**SAMI SPECIFIC TRAINING**

**Room #206 PET-SPECT-CT - USF Radiation Safety- Adam Weaver 974-1194, aweaver@usf.edu**

Training provide to \_\_\_\_ \_