



CHECKLIST

COUNTY RADIOLOGICAL OFFICER - INITIAL CERTIFICATION

Name: _____

Title: _____

Agency: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Email: _____

Last Four # of SS: XXX-XX- _____ FEMA SID#: _____

Course	Date Completed	Certificate Enclosed
1. Affirm by signing below one-year service with a RAD Response Team & RRT Requisites		
2. ICS-300: Intermediate ICS for Expanding Incidents		
3. G-320: Fundamentals Course for Radiological Response		
4. Provide a copy of ONE of the following:		
• PEMA RODEO: Radiological Officers Development in Emergency Operations		
• REP FSE: RAD functional, full-scale, or real-world event		

County Agency Recommendation

PEMA State Training Officer

Signature: _____

Signature: _____

Name (Print): _____

Name (Print): _____

Title: _____

Agency: _____

Date: _____

Date: _____

Approved

Denied