

# CRITIQUE SHEET

## Radiation Safety Training

Module number \_\_\_\_ slide number \_\_\_\_

Comment/Suggestion \_\_\_\_\_

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Module number \_\_\_\_ slide number \_\_\_\_

Comment/Suggestion \_\_\_\_\_

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Comment/Suggestion \_\_\_\_\_

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Comment/Suggestion \_\_\_\_\_

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Name (print)

\_\_\_\_\_  
Date