



AUTHORIZED USERS FOR RADIOACTIVE MATERIALS

Principal Investigator

Principal Investigator: _____

Provide the following information for all people (other than the Principal Investigator) that will be using any radioactive material listed on the Proposal and, unless they personally fill this out, have them initial by their name.

#: _____ Name: _____ Initials: _____						
Training	Where Trained	Duration	On-the-Job	Formal		
<i>Principles and practices of radiation protection</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Radioactive measurements: standardization, monitoring techniques, and instruments</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Mathematics basic to the use and measurement of radioactivity</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Biological effects of radiation</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Experience with the use of radioactive materials						
Radionuclides	Where Used	Duration	Max. Activity Handled	Type of Use		

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