

TRAINING AND EXPERIENCE OF AUTHORIZED INVESTIGATORS AND USERS

Name of Applicant _____

Date _____

I. Training

Where Trained

Duration of
Training

On-The
Job

Formal
Course

a. Principles and practices
of radiation protection

b. Radioactivity measurement
standardization and monitoring
techniques and instruments

c. Mathematics and calculations
basic to the use and
measurement of radioactivity

d. Biological effects of radiation

II. Experience

Isotope

Max Amount

Where Experience Was Gained

Duration of Use

Type of Use
