

**TRAINING AND EXPERIENCE**

**AUTHORIZED USER**

**RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION OFFICER

2. FORMAL TRAINING IN RADIATION SAFETY

Field of Training	Location and Date(s) of Training	Hours of Training	
		Lecture/ Laboratory Courses	Supervised Laboratory Experience
Radiation Physics and Instrumentation			
Principles and Practices of Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Biological Effects of Radiation			

3. EXPERIENCE WITH RADIATION  
(Actual use of Radioisotopes or Equivalent Experience)

Isotope	Maximum Amount	Where Experience Was Gained	Duration of Experience	Type of Use