

**JOHNS HOPKINS MEDICAL INSTITUTIONS**  
**APPLICATION FOR RADIOACTIVE MATERIAL AUTHORIZATION**

INSTRUCTIONS: Complete RCU Form No.1 (and No.2 if this is an initial application). If application is for renewal or amendment of a license, complete Items I through V and indicate new information or changes in the program. Use reverse side of this form if necessary. Mail two copies to: Radiation Control Unit, 2024 E. Monument Street.

**I. Applicant Name** \_\_\_\_\_  
Last First M.I. Degree

**Academic Appointment** \_\_\_\_\_  
(Professor, Associate Professor, etc.)

**Primary Department** \_\_\_\_\_ email

**Office Address** \_\_\_\_\_  
Room Building Telephone Fax

II. Isotopes	Maximum Activity in possession (millicuries)	Maximum Activity in use at any time (millicuries)	Chemical and/or Physical Form
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

**III. Describe purpose for which Radioactive Material will be used. Note, Application for use of radioactive materials in animals requires submission of animal use protocol.**

**IV. Plan for Personnel Monitoring and Radiation Protection.**

**V. Plan for Disposing of Radioactive Wastes. Indicate where waste will be stored while awaiting removal by Radiation Control Unit.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Department Chairman** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>VI. Type of Training</b>	<b>Where Trained</b>	<b>Duration of Training</b>	<b>On the job (check answer)</b>	<b>Formal Course (check answer)</b>
A. Principles and Practices of Radiation Protection				
B. Radioactivity Measurement Techniques and Instruments				
C. Mathematics Basic to Measurement of Radioactivity				
D. Biological Effects of Radiation				

**VII. Experience with Radioisotopes:** (Actual use or equivalent experience).

<b>Isotope</b>	<b>Maximum Amount</b>	<b>Where experience was Gained</b>	<b>Duration of Experience</b>

**VIII. Radiation Detection Instruments:** (Use supplemental sheets if necessary)

<b>Manufacturer</b>	<b>Model</b>	<b>Number of Units</b>	<b>Radiation Detected</b>

**IX. Method, Frequency, and Standards Used in Calibrating Instruments Listed Above**

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**X. Locations where Radioactive Materials will be Used and/or Stored.**

<u>Building</u>	<u>Room Number</u>	<u>Hood</u>	<u>Building</u>	<u>Room Number</u>	<u>Hood</u>
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	