

## Naval Radioactive Materials Permit Application For Medical Department Activities

**INSTRUCTIONS:** OPNAVINST 6470.3 established the Naval Radiation Safety Committee to control and approve the use of radioactive material, with certain exceptions, within the Navy and Marine Corps. Naval Radioactive Materials Permits will be issued to authorize the use of radioactive material. This application must be completed as described in the enclosed instructions and submitted to:

Navy and Marine Corps Public Health Center  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708-2103.

Point of contact: Radiation Health at DSN 377-0766, Commercial (757) 953-0766, -0767, -0768, Fax: (757) 953-0685.

**NOTE:** The information contained in this application will be considered an integral part of your Naval Radioactive Materials Permit and will be subject to verification during compliance inspections.

**1) THIS IS AN APPLICATION FOR: (Check one)**

- New Permit
- Amendment to Permit Number \_\_\_\_\_
- Renewal of Permit Number \_\_\_\_\_
- Termination of Permit Number \_\_\_\_\_

**2) NAME AND MAILING ADDRESS OF COMMAND: (Include nine-digit zip code)**

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**3) ADDRESS(ES) WHERE RADIOACTIVE MATERIAL USED OR POSSESSED:**

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**4) POINT OF CONTACT ABOUT THIS APPLICATION:**

Name, Rank and Position: \_\_\_\_\_

How you may be reached: DSN: \_\_\_\_\_

Commercial: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Submit information requested in items 5 through 12 in the space below and/or on separate sheets as needed. A description of the type and scope of information required is included in the enclosed instructions.

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- 5) **Radioactive Material**
- 6) **Purpose(s) for which radioactive material will be used**
- 7) **Individual responsible for radiation safety program**
- 8) **Training provided for exposed individuals**
- 9) **Facilities and equipment**
- 10) **Radiation Safety Program**
- 11) **Waste Management**
- 12) **Transportation of Radioactive Materials**
- 13) **Records**
- 14) **Procedures for administrations when a written directive is required**
- 15) **Authority & responsibility for the radiation protection program**
- 16) **Blood Irradiator (If applicable)**
- 17) **Special Procedures Comments**
- 18) **Managements Signature**

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Date: \_\_\_\_\_

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**Signature of Commanding Officer**

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**Name of Commanding Officer**