Form RSO 1 *(revised 11/12/10)*

Application for Authorization to Procure and Use Radiation or Radioactive Materials

Date of Application _____

To: **Paula Sweitzer**
Radiation Safety Officer
Room B8, Mellon Hall

From: _____
Name Title

_____
University Address Telephone Number (Routine) (Emergency)

1. Source Information.

Type of Source Requested	**Quantity of Radioactivity (μCi) or Maximum Radiation Intensity (Rem/Hr @ 1m)**	**Form or Model Number And Supplier**

2. Description or Uses of Sources: _____
_____

3. Facilities and Equipment for Safe Handling: _____
_____

4. Location in which source(s) will be used and/or stored: _____
_____

5. Procedures for Handling Sources (attach copies of any planned, written, routine operation procedures):
_____

6. Radiation Monitoring Equipment Available to the User and/or Special Monitoring Services to be requested from the radiation Safety Office: _____

7. Pertinent Training and Experience of User: _____
_____

8. Proposed Methods of Disposal of Unwanted Sources or Radioactive Waste: _____
_____

9. Additional Descriptions of Safety Provisions are attached? **Yes** ☐ **No** ☐

10. Attach detailed protocol.

FOR USE BY RADIATION SAFETY OFFICER:

☐ **Approved** ☐ **Additional requirements recommended as attached**

_____ _____
Radiation Safety Officer Date