

California State Polytechnic University, Pomona
Radiation Safety Office

Application for Radiation Use Authorization

Radiation Use Location

(Name)

(Department)

(Office No.)

(Date of Birth)

(Social Security Number)

(Extension)

(Home Address)

1. Use (Instructional and/or Research): _____
2. Radioactive Materials or Radiation Generating Machines Involved

Nuclide or Manufacturer	Chemical Form or Model Number	Physical Form or Maximum Voltage	Physical Form or Maximum Current	Total Activity or Rem/Hr Ft

3. Describe procedures, activities, and operations involving radiation to be used at this University.

4. Training:

a. High School Graduate: Yes ___ No ___

b. College or University:

(Name)

(Address)

(City, State, Zip)

(Area Code) (Phone Number)

c. Education specifically applicable to use of radioactive material and/or radiation generating machines:

5. Experience (List experience with radioactivity beginning with most recent):

a. Dates:

(From)

(To)

Title and duties:

Employer:

(Name)

(Address)

(City, State, Zip)

(Area Code) (Phone No.)

b. Dates:

(From)

(To)

Title and duties:

Employer:

(Name)

(Address)

(City, State, Zip)

(Area Code) (Phone No.)

6. Describe: a. equipment; b. laboratory facilities; c. procedures to effect radiation control (Maximum Exposure Rate - 2 mrem/hr).

a.

b.

c.

7. Describe radiation disposal procedures (Reference Radiation Safety Manual):

8. Name all involved personnel, indicating position, age, social security number, length of time on project and personal radiation monitoring methods:

Name	Age	Social Security No.	Project Time	Rad. Monitoring

CERTIFICATION:

_____ (Signature of Applicant) _____ (Date)

_____ Radiation Safety Office Use Only _____

Comments:

Approved: Yes: ___ No: _____

_____ Radiation Safety Officer (Date)

_____ Chairman, Radiation Safety Committee (Date)

Revised 06/27/2000