

California State Polytechnic University, Pomona
Radiation Safety Office

Application for Radiation Use Authorization

Radiation Use Location

Name Department Bldg/Room Number

Date Employee/Bronco ID 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

Telephone 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 Telephone Number

b. Dates: _____
From To

Title and duties: _____

Employer: _____
Name

Address

City, State, Zip Telephone Number

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):

