## RENEWAL OF IONIZING RADIATION AUTHORIZATION

Date:		This form must be returned by: Department:		
To:				
Authorization No		Authorization Expiration Date:		
your Ion		ested below and return to Environmental Health and Safety in order that may be renewed by the Radiation Safety Committee. Your cooperation in eciated.		
	L LEGAL NAMES of all individu ee (E), Postdoc (P), Graduate Stud	uals who will use radioactive material under this authorization. Designate if dent (G), Undergraduate (U).		
a. A	Alternate person to contact in absen	nce of the principal investigator:		
(.		ized to use radioactive material. Training and Experience forms Manual) must already on file at EH&S or submitted within 30 naterial.		
- - - 2 Poor	ne whore redicisetones are used/s	external (add or delete below, include cold and shored rms.)		
	ns where radioisotopes are used/s ently listed use/storage rooms:	stored (add or delete below, include cold and shared rms.):		
	•	Deletions:		
3. Type	e of investigation to be conducted:			
_ _ _				
4. Moni	itoring instruments available in the	immediate area: (List Manufacturer & Model No.)		
-				

(See reverse side)

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5.	5. Description of experiments: (Give details as to how radioactive material will be used. Include procedures important for radiation and contamination control).						
6.	<ol> <li>Description of any changes that have occur</li> </ol>	rred in this	project:				
7.	<ul> <li>Description of disposal procedures for radioactive waste. Note: sink disposal is not an approved method of disposal:</li> </ul>						
	a. Are standard EH&S supplied containe  [ ] Yes [ ] No		the disposal of radioactive vease describe alternate metho				
	b. Is all glassware always discarded as ra		vaste and never decontaminate				
	The following signatures indicate that the use of Committee, Radiation Safety Manual, and the Committee	_	_				
Αι	Authorized User	Date	Department Chair	Date			

WHEN COMPLETED AND SIGNED, RETURN THIS FORM TO THE OFFICE OF ENVIRONMENTAL HEALTH & SAFETY

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