CONTINUATION OF IONIZING RADIATION AUTHORIZATION

Date: ____________________  This form **must** be returned by: ____________________
To: ______________________  Department: __________________________

Authorization No. __________  Project Expiration Date: ________________

Please print or type the information requested below and return to Environmental Health and Safety in order that your Ionizing Radiation Authorization may remain in force for a second year of its two year period of issuance. Thank you for your cooperation in complying with these requirements of the California Department of Health Services.

1. **FULL LEGAL NAMES** of all individuals in project who are currently using radioactive materials:
   Designate if Employee (E), Postdoc (P), Graduate Student (G), or Undergraduate (U).
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________

2. Building and rooms to be used: (State if off-campus location)
   _______________________________________________________________________
   _______________________________________________________________________

3. Changes in use of ionizing radiation:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________  

I certify that the above information is true and correct to the best of my knowledge.

Authorized User's Signature ____________________________  Date ________________

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**For use by Radiation Safety Officer**

Based on this form, all applicable radiation protection survey reports, and discussions with the authorized user or any members of the research group, if any:

[ ] A Health Physics Audit is not warranted until the next renewal of this authorization.

[ ] A Health Physics Audit is indicated and will be conducted in the near future.

Radiation Safety Officer's Signature ____________________________  Date ________________