

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 _____

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 _____