



# RADIATION USE AUTHORIZATION

*Please include requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Please email the completed signed form and supporting documentation to [lwcoey@cpp.edu](mailto:lwcoey@cpp.edu).*

Radiation Use Location: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Bldg/Room Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Employee/Bronco ID Number: \_\_\_\_\_ Home Address: \_\_\_\_\_

1. Use (Instruction 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. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Title and Duties:

Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

b. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Title and Duties:

Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

c. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Title and Duties:

Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

d. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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):

8. Name all involved personnel, indicating position, age, employee/bronco identification number, length of time on project and personal radiation monitoring methods:

Name	Age	Employee/Bronco ID Number	Project Time	Rad Monitoring

CERTIFICATION:

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Signature of Applicant

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Date

**Radiation Safety Office Use Only**

Comments:

Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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Radiation Safety Officer

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Date

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Director, Environmental Health and Safety

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Date