UNIVERSITY OF MISSOURI-COLUMBIA

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number: **Application Date:**

APPLICATION INITIATION PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Application Type: [ ] New [ ] Amendment

[ ] Renewal [ ] Co-Authorization

[ ] Inactivation [ ] Re-activation

[ ] Temporary Transfer [ ] Termination

Personal Data

Name: ID#:

Degree(s): Job Title:

Department/Unit: Office Address:

E-Mail Address: Office Telephone:

Lab Telephone: FAX:

Authorized User Statement

I have read the Radiation Safety Manual and understand to the best of my knowledge its application to my requested use of radioactive material. I understand my responsibility as an Authorized User to train and provide a safe work environment for my personnel in accordance with University policy, State and Federal regulations. I understand my responsibility to maintain proper records by documenting radiation surveys and maintaining radioisotope inventory records. I accept the responsibilities of being an Authorized User and will comply with the MU Radiation Safety Program.

_____ _____

Applicant Signature Date

For Radiation Safety Office Use Only

_____ _____ _____ _____

Health Physicist Date Chair, Radiation Safety Committee Date

For New Authorizations for Human Use: _____ _____

MU Administrator Date