APPLICATION FOR USE OF RADIOACTIVE MATERIAL

Authorization Number________ (EHS will provide)

1. Lab Authority:

2. Department:

3. Principal User:

4. Users:

5. Radioisotopes:

6. Chemical forms:

7. Maximum amount on hand:

8. Rooms and Buildings:

9. Purpose:

9/22/22
RAM Authorization Request
1
10. **Radiation Detection Instruments:**

11. **Precautions against unauthorized removal:**

12. **Resume of training and experience:**

APPLICANT’S Signature:

DATE:

RADIATION SAFETY OFFICER Signature:

DATE:

RADIATION SAFETY COMMITTEE CHAIRMAN Signature:

DATE: