

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

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:

9/22/22

RAM Authorization Request

