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Auburn University

Application for Possession and Use of Radioactive Materials

Principal Investigator *	Email (AU User Name)	AU Mailing Address
Department	AU Telephone	After Hours Telephone

*A Principal Investigator applying for first Auburn University license must also complete and submit a *Statement of Training and Experience*.

Isotope	Chemical/Physical Form	Possession Limit (mCi)
A. _____	A. <input type="checkbox"/> Organic Compounds <input type="checkbox"/> Inorganic Compounds <input type="checkbox"/> Sealed/Plated Sources <input type="checkbox"/> Other _____	A. _____
B. _____	B. <input type="checkbox"/> Organic Compounds <input type="checkbox"/> Inorganic Compounds <input type="checkbox"/> Sealed/Plated Sources <input type="checkbox"/> Other _____	B. _____
C. _____	C. <input type="checkbox"/> Organic Compounds <input type="checkbox"/> Inorganic Compounds <input type="checkbox"/> Sealed/Plated Sources <input type="checkbox"/> Other _____	C. _____

Attach additional page if necessary.

Location of Use [List all rooms in which radioactive material will be used or stored.]
Description of Proposed Use [Give sufficient detail of procedures for Radiological Safety Committee evaluation. Attach additional pages if necessary. Describe any actions which increase the probability of external or internal radiation doses (e.g. distillation, use of dry powders, evaporation). Include methods to be used to keep radiation doses as low as is reasonably achievable (e.g. shielding, contamination surveys, fume hoods).]
Expected or possible other hazards from this use <input type="checkbox"/> None <input type="checkbox"/> Carcinogen <input type="checkbox"/> Biohazard <input type="checkbox"/> Volatile <input type="checkbox"/> Skin permeable <input type="checkbox"/> Flammable <input type="checkbox"/> Highly toxic <input type="checkbox"/> Other _____
Names of persons using radioactive materials under your supervision
<p>Certification</p> <p>I certify that radioactive materials in my possession will be used as described in this application and that all applicable provisions of the Alabama Department of Public Health Rules, Auburn University radiological policies, and specific approval conditions required by the Radiological Safety Committee, now or hereafter in effect, will be observed.</p> <p style="text-align: center;"> _____ <i>Signature of Principal Investigator</i> _____ <i>Date</i> </p>
<p>Departmental Approval</p> <p style="text-align: center;"> _____ <i>Signature of Head of Department</i> _____ <i>Date</i> </p>

Radiological Safety Committee Approval Conditions	
Interim Review by Radiological Safety Officer	
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved _____ _____ <i>Signature of Radiological Safety Officer</i> <i>Date</i>	
Final Action by Radiological Safety Committee	
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved _____ _____ <i>Signature of Radiological Safety Committee Chair</i> <i>Date</i>	
License Number	Valid Until