

APPLICATION FOR PURCHASE OF SEALED SOURCE

To: University Radiation Safety Officer

1. Equipment
Equipment Description: _____
Model Number: _____ Serial Number: _____
Isotope(s) : _____
Activity (mCi): _____
2. Name of Principal Investigator: _____
Department: _____
Telephone: _____ Fax: _____ Email: _____
Emergency Contact number: _____
3. Place of use
Building: _____ Room: _____ Campus: _____
4. Purpose: Use in current research
 New research project (attach a detailed description of project)
5. Have P.I. and users received Radiation Safety Training? YES NO
If Yes, When and Where: _____
If No, Have arrangements been made to complete training before start of use?
Scheduled training date: _____

Signature of Principal Investigator

Date

Action by Radiation Safety Officer

Approved/Forwarded to Radiation Control Committee for approval before authorization
from the Bureau of Radiation Control

Name _____ Signature _____ Date: _____