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:
   o Use in current research
   o 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: _____________________________