APPENDIX 5 - FORM RC-2: APPLICATION FOR PURCHASE OF SEALED SOURCE

TO: RADIATION SAFETY OFFICER

1. Equipment
   EQUIPMENT DESCRIPTION: ____________________________________________

   MODEL NUMBER: __________ SERIAL NO: __________ SUPPLIER: __________

   ISO TOPE(s): ______________ ACTIVITY (mCi): ______________

2. Name of Principal Investigator: _______________________________________
   Department: ______________________________________________________
   Telephone: __________ Fax: __________ Email: _____________
   Emergency Contact number: _______________________________________

3. Place of use
   BUILDING: ______________ ROOM: _______ CAMPUS: _______________

1. Purpose:  o Use in current research
   o New research project (attach a detailed description of project)

2. Have P.I. and users received Radiation Safety Training?  o YES  o NO
   If Yes, When and Where: _________________________________
   Is their training current?  o YES  o NO
   If No, Have arrangements been made to complete training before start of use?
   Scheduled training date: __________________________

__________________________________________  _______________________
Signature of Principal Investigator             Date

__________________________________________  _______________________
Approved By:  ____________________________ Date: __________________________
RSO or Authorized Representative