

**UNIVERSITY OF LOUISVILLE RADIATION SAFETY COMMITTEE
APPLICATION FOR AUTHORIZATION TO USE RADIOACTIVE MATERIAL**

NEW APPLICATION AMENDMENT TO EXISTING APPLICATION 5 YEAR RENEWAL

BROAD MEDICAL LICENSE (MEDICAL USE) HUMAN USE <input type="checkbox"/> NON-HUMAN USE <input type="checkbox"/> IN VIVO <input type="checkbox"/> IN-VITRO <input type="checkbox"/>	BROAD ACADEMIC LICENSE (RESEARCH) IN-VIVO <input type="checkbox"/> IN-VITRO <input type="checkbox"/>
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Authorized User Information Employee ID: _____

Name _____ Department _____ Phone # _____

RADIONUCLIDE USE (ATTACH PROTOCOL FOR EACH RADIONUCLIDE)

Radionuclide(s)	Chemical Form	Physical Form	Possession	Limit	Specific Use (Attach Protocol)
			Total	Single	

Facility and Protection Devices

Rooms where material will be used? Building _____ Rooms _____

Radiation Protection Devices: List devices for conducting surveys and wipe tests, personnel dosimetry, shielding, fume hoods and biological cabinets and other protective devices and clothing in attached radiation protection protocol.

Does use produce any gaseous products? Y N Does use involve heating above 100° C? Y N

**TRAINING AND EXPERIENCE OF APPLICANT FOR AUTHORIZATION AND ANY OTHER USERS
INCLUDING LAB PERSONNEL**

APPLICANT NAME (INCLUDE TITLE, DEGREE AND DATE)

APPLICANT _____ OTHER _____	DESCRIPTION OF EXPERIENCE _____ _____
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Signatures

Applicant _____ Date _____ Department Chair _____ Date _____

Reviewed & Approved By:
 Radiation Safety Officer _____ Date _____

Committee Members _____, _____, _____
 _____, _____, _____

Chair, Radiation Safety Committee _____ Date _____