REQUEST FOR APPROVAL TO USE AND ACQUIRE RADIOACTIVE MATERIALS

Date:	Principal User:		
Department:		Campus Phone:	
Email:			
Radioisotope (type, max. amount,	and chemical form):		
Expected Period of Use:			_

- 1. On an attached sheet, describe how and where the radioisotope will be used. Include an outline of the research protocol in sufficient detail for the Committee to review. Include the equipment which may be used, handling procedures, the types of waste that will be generated, and how the waste will be disposed in accordance with state and federal regulations and ASU policy.
- 2. Include a list of expected authorized and individual users whom you expect to be working on this project.
- 3. Your signature below indicates that you have read, understood, and agreed to the following:

I will comply with all policies, rules, and regulations as outlined in the ASU Radiation Safety Policies and Procedures, the ASU Radioactive Materials License, and the *Rules and Regulations* for Control of Sources of Ionizing Radiation of the State of Arkansas.

- ☐ I assume all the responsibilities of Principal user as outlined in the ASU Radiation Safety Policies and Procedures.
- □ I will maintain all necessary records to document use and disposal of radioactive materials.
- □ All radioactive materials sent or brought to campus must be shipped directly to the RSO and not to Central Receiving to check for contamination and for addition to the inventory.
- □ The RSO will inspect and swipe test my facility at least twice yearly.

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Initials		Date			
Transmit original a P.O. Box 519, Dep	-	ASU Radiation Safety Co xt. 3082)	mmitte	ee, c/o Ron	Johnson, RSC
RSC use only: A ₁	pproved \Box	Tabled for clarification		Rejected	
Conditionally App	roved if				
RSO Signature			Date		