

RPR 43A. AUTHORIZATION FOR RADIATION USE

User No. _____ **Responsible User:** _____ Phone: _____

Department: _____ Mailing Address: _____

Complete Application received (date): _____

Laboratory Evaluation completed (date): _____

Authorized categories of use; approved radioactive materials or radiation generating machines:

Initial monitoring required for the above categories:

Yes No Whole body dosimeter (body badge) [if $\sum\{(mCi/month)*(mrem/hr-mCi @ 1m)\} >3$]

Yes No Extremity dosimeter (ring badge) [if high-energy beta + gamma emitters > 5 mCi/mo]

Yes No Quarterly thyroid count for iodine

Yes No Quarterly urinalysis for _____

Yes No Monthly urinalysis for _____

Yes No Authorized to purchase _____

Other conditions or comments: _____

Authorization recommended

Approved by the RSO as within the intent of RSC authorization

RSO: _____

Date: _____

RADIATION SAFETY COMMITTEE, USER AUTHORIZATION SUBCOMMITTEE, ACTION:

(Signatures indicate approval; if not approved, attach statement with reasons to be forwarded by the RSO to the applicant.)

Subcommittee Members

Signature

Date
