

**IONIZING RADIATION USE AUTHORIZATION
CALIFORNIA STATE UNIVERSITY, SACRAMENTO**

This form is to be completely filled out and kept current by the Responsible Principle Investigator. Copies will be kept in the radiation use area as well as in radiation safety files. Print all information. Radioactive Materials Users complete Section I. Users of machines that generate ionizing radiation complete Section II.

Principle Investigator:

Name:

Department:

Section I. Radioactive Materials to be used:

A. List Isotope(s)	Amount (uCi)	Liquid or Solid
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B. Briefly describe procedures used for each isotope:

C. Where (building and room numbers) will the isotopes be used?

D. Describe the security for the radiation storage area and who has authorized access:

E. List the names of all other qualified users (faculty or staff):

F. Briefly describe the radiation use experience of the Principle Investigator, including the location and approximate dates of any radiation safety training, and attach a C.V.:

G. Attach safety protocols for storage, security, use, surveys and decontamination procedures:

H. Attach or describe radiation waste procedures if applicable:

I. Attach Radiation Safety Officer's Review, survey frequency, dosimetry requirements, and engineering controls:

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Authorized Signatures:

Principal Investigator: _____ **Department Chair:** _____

RSO: _____

Radiation Safety Committee: _____ **Date:** _____

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II: Radiation Producing Machines

A. Type of Machine to be used (diffraction, fluoroscopic, cabinet, electron microscope, other), describe:

Manufacturer Model: Serial Number:

B. Location of use and of storage:

C. Tube type (Mo, Cu, other, describe)

Maximum kVp: Maximum mA:

Normal Operating kVp: Normal Operation mA:

Serial Number of the Tube:

D. Attach a description of safety and security procedures:

E. Attach operating procedures:

F. Attach safety procedures:

G. Attach a C.V. of the Principle Investigator.

H. List the names of all faculty and staff qualified users.

I. Radiation Safety Officer's review/comments:

Signatures

Principle Investigator _____ **Department Chair:** _____

RSO _____ **Radiation Safety Committee** _____

Date: _____
