

**Old Dominion University
Radiation Safety Committee**

**Application for the Possession and Use of Radioactive Materials
Renewal / Amendment**

1. **Applicant:** _____

Department: _____

2. **Application Type:** Amendment Renewal

3. **Office:**

Building: _____ Room No.: _____ Phone: _____

4. **Location of Proposed Use:**

Building: _____ Room No.: _____ Phone: _____

5. **Radioactive Material**

Are there any radionuclide(s) to be added or deleted from current authorization that was approved by the radiation Safety Committee. If "yes" complete the items below that apply, if "no" go to item 6.):

Yes No

Radionuclide(s) to be added to current authorization:

1. Radionuclide: _____ Form: _____ Activity _____

2. Radionuclide: _____ Form: _____ Activity _____

Radionuclides(s) to be deleted from current authorization:

1. Radionuclide: _____ Form: _____

2. Radionuclide: _____ Form: _____

6. **Experimental Use**

Are there any changes in the current authorization that was approved by the Radiation Safety Committee. If "yes" , Attach a description of the proposed experimental protocol if different from the currently authorized protocol if "no" go to item 8.

Yes No

7. **Waste**

Will there be significant change(s) in the amounts / quantities of waste generated. If "yes" attach a description of those changes in the waste generated including generation of mixed waste, if "no" go to item 8.

Yes No

8. Facilities

Current location(s) of proposed use the same as current authorization. If “yes” go to item 9, if “no” attach a floor plan of the location(s) of proposed use if different from the location(s) current authorized.)

Yes No

9. Security

Describe below any additional measures (if any) taken to ensure the security of radioactive materials.

10. Emergency Contacts (after normal working hours):

Name: _____ Phone: _____

Name: _____ Phone: _____

11. Laboratory Monitoring

Survey frequency:

Daily Weekly Monthly

Other (describe):

12. Personnel

List all personnel working with radioactive materials under current authorization:

Name: _____ Qualified User: Yes No

Name: _____ Qualified User: Yes No

Name: _____ Qualified User: Yes No

13. Certification

The signature below affirms that this application accurately reflects any changes in the applicant’s current authorization to possess and use radioactive materials. Furthermore, the applicant has read and will comply with the policies and procedures of Old Dominion University’s Radiation Safety Committee. The applicant must inform the Radiation Safety Officer in advance of any changes to this application.

Signature: _____ Date: _____

Radiation Safety Committee Approval

RSO _____ RSC Chair _____ Member _____ Member _____ Member _____