



RSO USE ONLY

Assigned RUA # _____

Form:

RAD-A Application for Radiation Use Authorization

Please type or print clearly. Submit with all enclosures, to the Radiation Safety Officer. Use this form for an initial application or to obtain extensive changes in an existing authorization. Submit a completed copy of the form, "Statement of Training and Experience", for the applicant if one is not on file with the Radiation Safety Officer. Please notify the Radiation Safety Officer of any changes that occur in the information contained in this application

1. Name of applicant <small>First MI Last</small> _____ _____	2. Telephone No. () _____	3. Campus Ext. X _____
4. Application Date ____ / ____ / ____	5. Department _____	6. SFSU Location <input type="checkbox"/> RTC <input type="checkbox"/> Main Campus
		7. Office Location _____

8. Is this for classroom use of radioactive materials or radiation-producing machines?
 NO [Not for classroom use]
 YES Course No. _____ Purpose _____
[If YES, plan to submit a student roster, including student id # for each session.]

9. Location where radioactive materials or radiation-producing equipment will be used.
(State if off-campus location) Storage Location Use Location

10. Describe proposed use of the radioactive material/equipment:

11. Names of all others involved with the Project (Designate if Employee (E) or Student (S))

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">(1)</td><td style="width: 85%;">Name</td><td style="width: 10%;">Type</td></tr> <tr><td style="text-align: center;">(2)</td><td></td><td></td></tr> <tr><td style="text-align: center;">(3)</td><td></td><td></td></tr> </table>	(1)	Name	Type	(2)			(3)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">(4)</td><td style="width: 85%;">Name</td><td style="width: 10%;">Type</td></tr> <tr><td style="text-align: center;">(5)</td><td></td><td></td></tr> <tr><td style="text-align: center;">(6)</td><td></td><td></td></tr> </table>	(4)	Name	Type	(5)			(6)		
(1)	Name	Type																	
(2)																			
(3)																			
(4)	Name	Type																	
(5)																			
(6)																			

Attach a new user "Enrollment Form" for each person. Faculty or staff supervisors co-responsible for the materials/equipment must submit a "Training and Experience" form as well.

12. Description of Equipment Producing Ionizing Radiation to be Used: Not Applicable

Type of Machine	Max. kV	Max. mA	# of Tubes	Manufacturer	Model Number



13. Description of Radioactive Materials to be Used: (Sealed and unsealed sources)

Quantity MUST be in millicuries (mCi)

Radio-isotope	Per experiment	Per order	Max. per year	Physical Form	Chemical Form

14. Will Radioactive Materials be in a Particularly Hazardous Form? YES NO

(For example: powder, pyrophoric compounds, pathogens, nerve gas, etc.)

If yes, please describe _____

15. Monitoring Instruments To Be Available in Immediate Area:

Make and Model #	Description	Purpose
	<input type="checkbox"/> G-M w/pancake probe <input type="checkbox"/> NaI (sodium iodide)	

16. Details of Experiment(s):

(Give details indicating how materials and equipment will be used. Include procedures important for exposure and contamination controls. – Use supplementary pages as necessary.)

	Brief Description of Experiment	Duration of Experiment	Frequency of Experiment
(a)			
(b)			
(c)			

17. Describe Radiation Safety Procedures to be used During Experiments:

18. Describe Disposal procedures for Solids, Liquid and other Contaminated Wastes:

19. Applicant's Signature _____ **Date** _____