

\*\*\*\*\* CRRNĒC VĪQP "FOR THE USE/STORAGE OF RADIOACTIVE SEALED SOURCES

1. Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_  
 Kerberos (name.#) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. College: \_\_\_\_\_ Department or Division: \_\_\_\_\_

3. Building: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

4. This permit is for:  Storage only  Use of radioactive sealed source(s).

5. Radionuclide Information: (Complete Items A through F only)

		Radionuclide 1	Radionuclide 2	Radionuclide 3	Radionuclide 4
A.	Radionuclide				
B.	Assay Date				
C.	Activity on Assay Date (mCi)				
D.	Serial Number				
E.	Manufacturer				
F.	Laboratory or Storage Location Building and Room Number				
G..	License and Line No. (To be completed by RS)				

6. Supervisor's Acknowledgment of Responsibility:

Please be advised, as a supervisor of a project employing the use of radioactive sealed sources, your primary responsibilities include:

- A. Insuring a commitment to the philosophy to keep radiation exposures **As Low As Reasonably Achievable** (ALARA) in keeping with the University's commitment to the ALARA concept.
- B. Notifying Radiation Safety prior to the acquisition, transfer, relocation, or disposal of any radioactive sealed source. Radiation Safety must supervise all transfers or relocations of sealed sources. This may include RS taking temporary custody of the source.
- C. Notifying Radiation Safety if the radioactive sealed source is changing from storage to active or active to storage status.
- D. Insuring security of the radioactive sealed source. All sources must be secured from unauthorized access or removal.
- E. Maintaining postings of form Ohio Department of Health *Notice to Employees* and other appropriate caution signs, labels, and signals as may be required by the Ohio Administrative Code rule 3701-38-18 (Caution signs, labels, and signals).

I have read the above requirements, understand them, and will abide by them.

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date Signed

For RS Use Only		
PI Number	RS Approval Signature / Date	1-Year Renewal Month