REGISTRATION FOR THE USE/STORAGE OF RADIOACTIVE SEALED SOURCES

1.	Supervisor:		Phone:				
	E-mail Address:		A				
ŀ	Kerberos (name.#)			_			
2.	College:		Depart	tment or Division:	_		
3.	Building:				om #:		
	Street Address:						
4.	This permit is for:	Storage only	Storage only Use of Radioactive Sealed Sources Use of Activate Sources				
5.	Radionuclide Infor	mation: (Complete	te Items A through I		- Brationalido 2	- Francolido	
	- " !!!		Radionuclide 1	Radionuclide 2	Radionuclide 3	Radionuclide 4	
A.	Radionuclide						
B.	Assay Date			<u> </u>	-		
C.	Activity on Assa	y Date (mCi)		<u> </u>			
D.	Serial Number			<u> </u>			
E.	Manufacturer						
F.	Laboratory or Storage Location Building and Room Number						
G.	License and Line (To be completed						
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. Ensuring 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. Ensuring 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 Sig	ned	
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		DC A**	For RS Use	•	1 Maria Dona		
	Pl Number	RS Ap	pproval Signature	/ Date	1-Year Rene	wal Montn	
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