

AUTHORIZATION TO USE RADIOACTIVE MATERIALS



This form must be completed and submitted to the Radiation Safety Office, CL 159 <u>prior</u> to beginning work with radioactive materials. If an <u>individual</u> wishes to work under multiple permits, a separate A-3 Form must be completed for each permit.

| Personnel Information | | | | | | | | | |
|---|------------------------------------|------------|--------------------------------|----------------|-------------------------|--|--|--|--|
| Applicant Name (Last, First, MI.): | Post-nominal title: MD PhD Other: | | | | | | | | |
| Over 18 years old? Position: | | | | | | | | | |
| Yes No Faculty | y 🗌 Staff 🗌 Tech | nnician [| Grad | uate | | | | | |
| E-mail: | Phone: | E | Employ | ment Status: | | | | | |
| | | | _Full- | time Part-time | ☐Temporary ¹ | | | | |
| Permit Holder Information | | | | | | | | | |
| Permit Holder (Last Name): | Department: | | Campus Address (Bldg. & Room): | | | | | | |
| | · | | | • | | | | | |
| Training | | | | | | | | | |
| Training | | | | | | | | | |
| ☐ I have taken no formal radiation safety course. | | | | | | | | | |
| I have hours of classr | | | | | | | | | |
| # of hrs. Name of Institution Year Radionuclide Handling | | | | | | | | | |
| ☐ I have no radionuclide handling experience. | | | | | | | | | |
| | | | | | | | | | |
| I have previously been authorized by IUPUI's RSO under Permit Holder: Last Name of Permit Holder | | | | | | | | | |
| | | | | | | | | | |
| I have years of hands-on experience at This # of years included handling the following: | | | | | | | | | |
| Radionuclide(s) | Physical & Che | mical Forr | n(s) | Maximum Hand | ling Activity | | | | |
| ³ H | 3 | | (5) | | mig ricarity | | | | |
| Other: | | | | | | | | | |
| | | | | | | | | | |
| Applicant Statement of Comp | | · 0: | 4 | | | | | | |
| I certify that all the above inform that I have reviewed the RADIA | |) Signa | ture: | | | | | | |
| PROCEDURES MANUAL, and | | ļ | | | | | | | |
| holder has provided radiation sa | | | | | | | | | |
| training to be followed in his/her laboratory(s). | | Date: | | | | | | | |
| Permit Holder Statement of C | | | | | | | | | |
| I certify that the above individual will work in my | | ր Signa | nature: | | | | | | |
| laboratory and request approva | | | | | | | | | |
| to use RAM. In addition to RSO | • | } | | | | | | | |
| provided radiation safety proced | dure training to be | | | | | | | | |
| followed in my laboratory(s). | | Date: | | | | | | | |

¹Temporary employment is defined by the RSO as less than 6 months.

²Provide proof of training (certificate, etc.).

| THIS PAGE FOR RSO USE ONLY! | | | | | | | | |
|---|--|---------|--------------|------|--|--|--|--|
| Date Received: | Date Reviewed: | red by: | | | | | | |
| | | | | | _ | | | |
| Previously Authorized Within last 2 years ³ More than 2 years ⁴ | Previously taken co | | Temporary⁴ | | quired vious course rs' experience | | | |
| Radiation Safety Course | | | | | | | | |
| Reminders: | | | Attendance D | ate: | | | | |
| 1. Sent notification on | Date . | | | | | | | |
| 2. Sent notification on | Date | | Test Score: | | - | | | |
| 3. Sent notification on | and notif | ied PH. | | | | | | |
| Housekeeping | | | | | | | | |
| Approval Date: [| ☐ E-mail sent to Applicant☐ E-mail sent to PH with updated copy of permit | | ☐ Did | | 3 Received I not attend urse | | | |
| ³ Course not required | ⁴ Course required | | | | | | | |