



# RADIATION USE AUTHORIZATION AMENDMENT REQUEST

Name of authorized investigator: \_\_\_\_\_ RUA#: \_\_\_\_\_

This form is for authorized Principal Investigators requesting to amend their radiation use authorization (RUA). Minor changes to an authorization can be approved by the RSO directly. Major changes will need the approval of the radiation safety committee. For further information refer to the radiation safety manual.

## A. LOCATIONS:

Add or remove facilities to your authorization. **Attach a floor plan/sketch** for each lab to be added. Highlight or otherwise note areas where radioactive materials are to be used or stored.

- ADD     **DELETE**      Building & room number: \_\_\_\_\_
- ADD     **DELETE**      Building & room number: \_\_\_\_\_

## B. STAFF:

**ADD:** Add individuals by submitting a signed “**Dosimetry Evaluation Form**” for each employee. Expectant authorized users are required to attend the TSRI radiation safety course and pass a written test.

**DELETE:** Remove former authorized users by writing their names in the spaces below.

\_\_\_\_\_  
\_\_\_\_\_

## C. RADIONUCLIDE:

- **Delete or change limits to currently authorized radionuclides.**

|              |                          |                                 |                                   |
|--------------|--------------------------|---------------------------------|-----------------------------------|
| Radionuclide | Delete?                  | Change experiment use limit to: | Change total possession limit to: |
| _____        | <input type="checkbox"/> | _____ mCi                       | _____ mCi                         |
| _____        | <input type="checkbox"/> | _____ mCi                       | _____ mCi                         |

- **Add a new radionuclide to your authorization.**

| Radionuclide | Radiolabeled compound | Activity per experiment | Total possession limit |
|--------------|-----------------------|-------------------------|------------------------|
|              | _____                 | _____                   | _____                  |
|              | _____                 | _____                   | _____                  |
|              | _____                 | _____                   | _____                  |

**Describe the procedures for the use of each radiolabeled compound requested.**

**Describe previous experience with these or similar radionuclides.**

**Personal protective equipment to be used:** \_\_\_\_\_

**Radiation shielding to be used:** \_\_\_\_\_

**Contamination survey instrument/method:** \_\_\_\_\_

**RUA Holder’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                      |  |  |                                 |
|----------------------|--|--|---------------------------------|
| FOR EH&S USE ONLY    | Authorized by RSO <input type="checkbox"/> | Authorized by RSC <input type="checkbox"/> | Denied <input type="checkbox"/> |
| RSO Signature: _____ |  | Date: _____                                |                                 |