

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 06/11/2018	Form Number: EHS_SOP339_FORM001 (Form RC-3a)
	TITLE: Radioactive Materials Use Permit	Responsible Authority: Radiation Safety Coordinator

Principle Investigator (please attach a current Curriculum Vitae if not already on file with EHS)

_____	_____	_____	_____
Principle Investigator	Title	Department	
_____	_____	_____	_____
Building	Room	Phone Number	Email Address

Proposal Information

Duration of Proposal (5 year limit): From _____ Through _____

Location(s) of Use:

_____	_____
Building	Rooms
_____	_____
Building	Rooms

Radionuclides	Maximum Activity	Use and Chemical Form
1.		
2.		
3.		
4.		
5.		

I hereby accept responsibility for the proper use, storage and disposal of the radioactive materials listed on this Permit. I am also responsible for radiation workers operating under my permit in ensuring they are fully trained and have experience in handling radioactive materials or will be provided training by myself or my Associate Investigators.

_____	_____	_____
Principle Investigator Signature	Associate Investigator Signature	Date
_____	_____	_____
Date	Associate Investigator Signature	Date
	_____	_____
	Associate Investigator Signature	Date

Radiation Safety Approvals

_____	_____
Radiation Safety Officer	Chair, Radiation Safety Committee
_____	_____
Date	Date