

APPLICATION FOR USE OF RADIOACTIVE MATERIAL

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Authorization number _____

1. **Lab Authority:**
2. **Department:**
3. **Principal User:**
4. **Users:**
5. **Radioisotopes:**
6. **Chemical forms:**
7. **Maximum amount on hand:**
8. **Rooms and Buildings:**
9. **Purpose:**

10. Radiation Detection Instruments:

11. Precautions against unauthorized removal:

12. Resume of training and experience:

APPLICANT'S SIGNATURE

DATE

RADIATION SAFETY OFFICER

DATE

RADIATION SAFETY COMMITTEE CHAIRMAN

DATE