



Radiation Safety

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Serving Stony Brook University, Stony Brook University Hospital, & Article 28 facilities

Variance for Naturally Occurring Radioactive Materials (NORM)

Researcher Name: _____

Description of materials: _____

Total Activity: _____ Total Mass (in grams): _____

Use Location

Building(s): _____

Floor(s): _____

Room(s): _____

I request a conditional variance from Radiation Safety Policy **ERM.EHS.RS 119 Radioactive Materials, X-ray and Laser Internal Permit Requirements** in order to work with Naturally Occurring Radioactive Materials. I confirm that the following conditions will be met when the materials are handled:

1. The materials are unrefined and unprocessed thus making them exempt unless they are specifically designated as nuclear **source material, byproduct material, or special nuclear material**.
2. The materials are shipped to and received from external organizations via the Radiation Safety Office.
3. The materials are disposed through Radiation Safety as NORM wastes may also contain a hazardous material component that could qualify the waste as mixed waste for regulation under RCRA.
4. When not in use, the materials are secured to prevent access and use by unauthorized personnel.

I agree to the above conditions of use. I understand that this variance allows for removal of quarterly radioactive materials lab inspection requirements. I understand that failure to follow these conditions may result in actions by the Radiation Safety office including revocation of this variance.

Signature (Principal Investigator/Researcher)

Date

Print Name

Radiation Safety Office use only below this line

Your request for a variance from Radiation Safety Policy **ERM.EHS.RS 119 Radioactive Materials, X-ray and Laser Internal Permit Requirements** to work with Naturally Occurring Radioactive Materials is hereby granted. This variance applies to the above use(s) and location(s) only.

Radiation Safety Officer (RSO)

Date