



Radiation Safety

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Stony Brook, NY 11794-6200
631-632-6410 (Office)
631-632-9683 (Fax)

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

Research Personnel Radiological Authorization Request

SECTION A: APPLICANT INFORMATION

APPLICANT NAME:	SBU ID#:
DEPARTMENT:	PERMIT HOLDER:
BUILDING:	ROOM:
UNIVERSITY STATUS:	PHONE NUMBER:
BIRTH DATE:	

SECTION B: RADIOLOGICAL INFORMATION

I REQUEST AUTHORIZATION TO USE: (CHECK ALL THAT APPLY)

RADIOACTIVE MATERIALS - SEALED	RADIOACTIVE MATERIALS - UNSEALED
X-RAY GENERATING EQUIPMENT	MICROWAVE GENERATING EQUIPMENT
CLASS 3B OR 4 LASER	INFRA-RED GENERATING EQUIPMENT
ULTRAVIOLET GENERATING EQUIPMENT	RF GENERATING EQUIPMENT
MAGNETIC FIELD GENERATING EQUIPMENT	RADIOACTIVE RESEARCH SUBJECT

SECTION C: TRAINING INFORMATION

All EH&S training courses are hosted and self-enrolled on Brightspace, Stony Brook University's official Learning Management System. Required training will be assigned by Radiation Safety based on the nature of your exposure. Approval to work in a lab with ionizing radiation requires that you complete all assigned training.

Click to access the Brightspace Learning Management portal:
[Brightspace](#)

SBRS 001: Initial Radiation Safety Training for Radioactive Materials (Research)	DATE COMPLETED
SBRS 020: General X-ray Safety for Research	DATE COMPLETED
SBRS 022: Nonmedical Laser Safety	DATE COMPLETED
OTHER:	DATE COMPLETED

SECTION D: CERTIFICATION

I HAVE COMPLETED ALL RADIATION SAFETY TRAINING AND CERTIFY THAT I AM FAMILIAR WITH THE RULES AND REGULATIONS PERTAINING TO THIS REQUEST AND WILL ABIDE BY THEM. PLEASE ENTER DATE TRAINING IS COMPLETED.

CANDIDATE'S SIGNATURE: _____ DATE _____

AS THE CANDIDATE'S SUPERVISOR, I CERTIFY THAT THE ABOVE CANDIDATE IS PROPERLY TRAINED IN THE USE OF THE RADIOACTIVE MATERIALS AND/OR DEVICES CHECKED ABOVE. I ALSO CERTIFY THAT THE CANDIDATE WILL WORK UNDER MY SUPERVISION.

PERMIT HOLDER'S SIGNATURE: _____ DATE _____

SECTION E: APPROVAL

RADIATION SAFETY OFFICER: _____ DATE _____