



## Radiation Safety

110 Suffolk Hall  
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

Training will be assigned by Radiation Safety through Salute 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 Salute portal:

[https://ehs.stonybrook.edu/commcms/environmental-health-and-safety/\\_pdfs/SBU\\_ACCESSING\\_COMMUNITY\\_PORTAL.pdf](https://ehs.stonybrook.edu/commcms/environmental-health-and-safety/_pdfs/SBU_ACCESSING_COMMUNITY_PORTAL.pdf)

Click to access the Salute Learning Management portal:

[https://ehs.stonybrook.edu/commcms/environmental-health-and-safety/\\_pdfs/SBU\\_ACCESSING\\_THE\\_LMS.pdf](https://ehs.stonybrook.edu/commcms/environmental-health-and-safety/_pdfs/SBU_ACCESSING_THE_LMS.pdf)

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 \_\_\_\_\_