

## Personnel Radiological Authorization Request

### SECTION A: APPLICANT INFORMATION

APPLICANT NAME:	SBU ID#:
DEPARTMENT:	PRINCIPAL INVESTIGATOR:
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	

### SECTION C: TRAINING INFORMATION

*I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED THE FOLLOWING RADIATION SAFETY TRAINING(S).*

ERS-001: RADIATION SAFETY TRAINING FOR RADIATION WORKERS	DATE COMPLETED
ERS-003: LASER SAFETY TRAINING	DATE COMPLETED
ERS-006: X-RAY DIFFRACTION SAFETY	DATE COMPLETED

### SECTION D: CERTIFICATION

*I CERTIFY THAT I AM FAMILIAR WITH THE RULES AND REGULATION PERTAINING TO THIS REQUEST AND WILL ABIDE BY THEM.*

CANDIDATES 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.*

PRINCIPAL INVESTIGATOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION E: APPROVAL

RADIATION SAFETY OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_