

APPLICATION FOR AUTHORIZATION TO USE NATURALLY OCCURRING RADIOACTIVE MATERIAL (NORM) AT THE UNIVERSITY OF RHODE ISLAND

(PLEASE TYPE)

PURPOSE OF THIS APPLICATION (CHECK ONE)	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION
	<input type="checkbox"/> AMEND EXISTING APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION WITH REVISIONS

NOTE: COMPLETE FORM NUC-1 IF YOU WISH TO USE OTHER RADIOACTIVE MATERIALS.

INDIVIDUAL WHO WILL BE RESPONSIBLE FOR USE OF THE NORM (THE "AUTHORIZED USER")

NAME

DEPARTMENT

PHONE NO(S)

UNIVERSITY MAILING ADDRESS

UNIVERSITY JOB CLASSIFICATION OF APPLICANT

NOTE: NORMALLY ONLY MEMBERS OF THE ACADEMIC FACULTIES WILL BE APPROVED AS AUTHORIZED USERS OF NORM. THIS INCLUDES INDIVIDUALS HOLDING THE JOB TITLES OF PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, AND INSTRUCTOR. REQUESTS FOR EXCEPTION TO THIS POLICY MUST BE FULLY JUSTIFIED IN WRITING AND WILL BE CONSIDERED ON A CASE BY CASE BASIS.

2. NAME OF INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ENSURING RADIATION SAFETY IN THE ABSENCE OF THE AUTHORIZED USER

PRINT

INITIALS OR SIGNATURE

3. APPROVAL IS REQUESTED FOR USE OF THE FOLLOWING NATURALLY OCCURRING RADIOACTIVE MATERIAL

RADIONUCLIDE	CHEMICAL FORM	QUANTITY (GRAMS)	USE

SUBMIT THREE COPIES OF THIS FORM, TOGETHER WITH ANY ATTACHMENTS TO -
RADIATION SAFETY OFFICE
Box 33
NARRAGANSETT BAY CAMPUS

4. **IN THE SPACE BELOW, LIST EACH INDIVIDUAL WHO WILL BE WORKING WITH THE NORM UNDER THIS AUTHORIZATION. A COMPLETED STATEMENT OF TRAINING AND EXPERIENCE MUST BE ATTACHED FOR EACH INDIVIDUAL.**

NAME	SOC SEC NO	DATE OF BIRTH	UNIV JOB CLASSIFICATION	DATE COMPLETED RADIATION SAFETY TRAINING

NOTE: **EACH** INDIVIDUAL WORKING WITH NATURALLY OCCURRING RADIOACTIVE MATERIAL INCLUDING AUTHORIZED USERS SHOULD ATTEND OR REVIEW THE RADIATION SAFETY COURSE BEFORE STARTING WORK WITH THE NATURALLY OCCURRING RADIOACTIVE MATERIAL.

5. **IN THE SPACE BELOW, LIST THE PLACE(S) WHERE THE NORM WILL BE USED OR STORED UNDER THIS AUTHORIZATION, INCLUDE BUILDING, ROOM NUMBER(S), AND CHEMICAL FORMT**

BUILDING	ROOM NUMBER	CHEMICAL FORM

6. IN THE SPACE BELOW, LIST AND DESCRIBE YOUR PROPOSED USE OF EACH NORM COMPOUND. BE AS DETAILED AS POSSIBLE. INCLUDE A DESCRIPTION OF ANY SPECIAL PROCEDURES WHICH YOU AND YOUR STAFF WILL FOLLOW TO ENSURE THE SAFE USE OF THE NORM UNDER THIS AUTHORIZATION.

Empty space for listing and describing the proposed use of each norm compound.

TYPED NAME OF INDIVIDUAL SUBMITTING APPLICATION

SIGNATURE OF APPLICANT

DATE