Cal Poly Pomona
Office of Environmental Health & Safety

RADIATION USE AUTHORIZATION

California State Polytechnic University - Pomona
Environmental Health & Safety (909) 869 - 4697 ehs@cpp.edu

Please include requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Please email the completed signed form and supporting documentation to lwcoey@cpp.edu .

Radiation Use Location: _____

Name: _____ Department: _____

Date: _____ Bldg/Room Number: _____ Extension: _____

Employee/Bronco ID Number: _____ Home Address: _____

1. Use (Instruction and/or Research): _____

2. Radioactive Materials or Radiation Generating Machines Involved

Nuclide or Manufacturer	Chemical Form or Model Number	Physical Form or Maximum Voltage	Physical Form or Maximum Current	Total Activity or Rem/Hr Ft
				*
				*

3. Describe procedures, activities, and operations involving radiation to be used at this University.

4. Training:

a. High School Graduate: Yes____ No____

b. College or University:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

c. Education specifically applicable to use of radioactive material and/or radiation generating machines:

5. Experience (List experience with radioactivity beginning with most recent):

a. Start Date: _____ End Date: _____

Title and Duties:

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

b. Start Date: _____ End Date: _____

Title and Duties:

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

c. Start Date: _____ End Date: _____

Title and Duties:

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

d. Start Date: _____ End Date: _____

Title and Duties:

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

6. Describe: a. equipment; b. laboratory facilities; c. procedures to effect radiation control (Maximum Exposure Rate - 2 mrem/hr).

a.

b.

c.

7. Describe radiation disposal procedures (Reference Radiation Safety Manual):

8. Name all involved personnel, indicating position, age, employee/bronco identification number, length of time on project and personal radiation monitoring methods:

Name	Age	Employee/Bronco ID Number	Project Time	Rad Monitoring

CERTIFICATION:

_____ _____

Signature of Applicant Date

Radiation Safety Office Use Only

Comments:

Approved: Yes:____ No:____ _____ _____

Radiation Safety Officer Date

_____ _____

Director, Environmental Health and Safety Date