Principle Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization Number: 405- \_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# I. Changing Activity Limit(s):

| Isotope | Current Limit | Current Amount on Hand | Requested Limit |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Reason for Increase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# II. Adding a new Isotope:

| New Isotope | Requested Limit |
| --- | --- |
|  |  |
|  |  |

1). Monitoring Equipment:

 Do you own a GM meter? If Yes, Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_ SN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, and need to purchase a GM meter, contact Radiation Safety for purchase order information.

2). Dosimeters:

* 1). I am currently badged at USC.
* 2). I have attached a completed Film Badge Service Request Form (EHS-F-RAD-008).
* 3). Not Applicable.

3). On a separate sheet of paper, explain the general scope of your research. Provide a brief protocol for each isotope(s) you are requesting to use and your experience with each of them.

# III. Adding a new Authorized Room(s) and/or updating current area(s):

| Building | Room Number |
| --- | --- |
|  |  |
|  |  |

* 1). Submit a drawing of the new room/area. Indicate radioactive work areas including, hot

 sink, fume hood, waste storage and any other areas in the lab where radioactivity will be

 used.

* 2). Label all “hot” areas with radioactive tape.
* 3). Add new area(s) to wipe test list.

Once completed, submit the above information to Radiation Safety. The amendment will be reviewed by the Radiation Safety Staff and the Radiation Safety Committee. Once approved, an amended copy of your radioactive authorization will be mailed to you for your records.

# IV. Deleting an authorized room or decommissioning equipment used with radioactivity:

| Building | Room Number |
| --- | --- |
|  |  |
|  |  |

Before an authorized room or item can be deleted the following must be completed:

* 1). Contact Radiation Safety: 777-5269 or RADSAFE@mailbox.sc.edu
* 2). Complete Equipment Clearance Form (EHS-F-086) found at [www.sc.edu/ehs](http://www.sc.edu/ehs)

NOTE: Radiation Safety Staff will conduct official wipe tests, remove radioactive labels, and tag

equipment cleared for relocation.

V. Requesting Inactive Status

The following must be completed by contacting Radiation Safety before an authorization can be placed on “Inactive Status”:

* 1). All Isotopes and waste removed from the lab
* 2). Wipe test of the areas used for radioactivity completed and show no signs of

. removable contamination.

Note: P.I’s with Inactive authorizations will not be required to submit Quarterly

Inventories. The Radiation Safety Office will contact you annually to check the status of

your authorization.

V. Termination of Radioactive License

Please check one of the following reasons for termination:

* 1). Terminating Radioactive License but remaining in current, authorized laboratory.
* 2). Terminating radioactive license and moving out of current authorized laboratory
* 3). No longer employed at USC:

Complete s Request for Room Decommissioning Inspection Form (EHS-F-085) found on our web page [www.sc.edu/ehs](http://www.sc.edu/ehs)

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Questions:

Office Number: 777-5269

E-Mail: RADSAFE@mailbox.sc.edu

Homepage: [www.sc.edu/ehs](http://www.sc.edu/ehs).