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| The Authorized User/Principal Investigator Responsibilities include:   1. Oversees the use of ionizing radiation, including the development of appropriate radiation safety and use procedures specific to the intended utilization. 2. Ensures dosimetry badges/rings are utilized properly and returned in a timely manner, when dosimetry is issued by the Radiation Safety Office. 3. Ensures all radiation workers under their responsibility receive initial Radiation Safety training and are re-trained on a three (3) year cycle. 4. Must renew authorization on a three (3) year cycle. 5. Must provide quarterly inventory reports to the Radiation Safety Office. 6. Responds to safety events and provides causal analysis with corrective actions to prevent reoccurrence. 7. Responds to requests from the Radiation Safety Office in a timely manner. 8. Notifies the Radiation Safety Office when a change to this approval is needed. | |
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| Section 1: Contact and Project Information | |
| Contact Information:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School or Department making the request: |
| Responsible AU/PI (if different from the requester): |
| Date of Form Submission: |
| Describe any requested changes to your Authorization: | |
| Radiation Workers under the responsibility of the AU/PI:   |  |  | | --- | --- | | Name: | Position: | |  |  | |  |  | |  |  | |  |  | |  |  |   If additional pages are needed, send separately to [radsafe@pitt.edu](mailto:radsafe@pitt.edu). | |
| Laboratory procedures:  Send handling and/or operating procedures corresponding to this requested use separately to [radsafe@pitt.edu](mailto:radsafe@pitt.edu) | |

Section 2 to be completed by a member of Radiation Safety:

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| Section 2: Radiation Safety Program Requirements/Permissions |
| Describe any changes to the Authorization from the previous approval: |

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| Section 3: Radiation Safety Review |
| A representative of the Radiation Safety Office has met with the applicant to review this application and has discussed the radiation protection requirements necessary for use of the radionuclides listed under this application. |
| **Signature** **Date**  Health Physicist Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section 4: RSC Executive Committee Signatures |
| The below signatures grant approval of this application under the conditions described. |
| **Signature** **Date**  Radiation Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Management Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section 5: For Radiation Safety Use Only |
| Database Updated: □ Yes □ No |
| Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |