

RETURN TO:
 Environmental Health & Safety
 Box 400322
 PHONE: 982-4911

RS-7

**UNIVERSITY OF VIRGINIA APPLICATION
 FOR USE OF RADIOACTIVE MATERIAL AT A NEW LOCATION**

1. NAME (last, first, m.i.)		2. POSITION/TITLE		3. AU NUMBER	
5. DEPT & MESSENGER MAIL ADDRESS:			6. PHONE & E-MAIL		
7. BUILDING & ROOM(S) WHERE RADIOACTIVE MATERIAL HANDLED (INCLUDE DIAGRAMS AND SHIELDING CALCULATIONS)					
8. PROPOSED USE OF EACH ISOTOPE REQUESTED (Include activity and a brief experiment description. May use separate sheet.)					
NUCLIDE	REQUESTED LIMIT PER DOSE (mCi)	REQUESTED TOTAL LIMIT (mCi)	DESCRIPTION		
9. Are new procedures required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit the procedures for review					
10. Describe dosimetry requirements:					
11. Comments:					

I hereby certify that this application was prepared in conformance with UVA EHS requirements and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE - Applicant Or Authorized Individual	Date signed

DATE RECEIVED:	RECEIVED THE PROPER DOCUMENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Health Physicist Review: <input type="checkbox"/> Recommended Approval Comments:	Signature: Date:	
RSO Review: <input type="checkbox"/> Recommended Approval Comments:	Signature: Date:	
Date submitted to RSC for approval:	RSC approval received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved: