

## Radioactive Material Authorization Amendment Form

Authorized User: \_\_\_\_\_ Department: \_\_\_\_\_

Add: Radiation Worker\* \_\_\_ Location \_\_\_ Radioisotope \_\_\_ Radioisotope Procedure\*\* \_\_\_

Delete: Radiation Worker \_\_\_ Location \_\_\_ Radioisotope \_\_\_ Radioisotope Procedure \_\_\_

Change: Radioisotope Maximum Possession Limit \_\_\_

Other:

\*\* *use additional sheets to describe details of procedure.*

Details (Needs diagram for locations if it is new):

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\*New Radiation Worker must have read the Radioactive Material Safety Manual and must verify by signing their initials. \_\_\_\_\_

\*New Radiation Workers must have received specific radiation safety training for the radiation hazards in their labs from their Authorized User and must verify by signing their initials. \_\_\_\_\_

\*New Radiation Workers must have attended and passed the URI Radioactive Material Safety Training and must verify by signing their initials. \_\_\_\_\_

I certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

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Signature of Authorized User

Date

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Signature of Radiation Safety Officer

Date

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Approved by Radiation and Laser Safety Committee

Date