

**University at Buffalo**  
**Environment, Health & Safety Services**  
**APPLICATION TO USE RADIOACTIVE MATERIAL**  
 ASSOCIATE INVESTIGATOR AUTHORIZATION

<b>Part 1 Instructions:</b> Fill in the information requested below. Print neatly.				
Last Name, First Name, Middle Initial		Name of Principal Investigator:		Office Address:
Office Telephone:	UB Person Number:	Date of Birth:	Sex: M ( ) F ( )	Department:
* The Federal Privacy Act of 1974 requires notification that your SSN is required pursuant to the Nuclear Regulatory Commission. The SSN is used to track occupational exposure to ionizing radiation and if applicable shared with a vendor dosimetry service.				Social Security Number (SSN)*:
E-mail Address:				Office Fax:
Radioactive Materials & Quantities to be Used:  ( ) Sealed Source Use Only				Location(s) of Use:
Short Term Use? (i.e., working less than three months; graduate student moving to different labs, etc.) NO ( ) YES ( ) If yes, give expected length of use:				
Have you ever worked with Radioactive Material or Radiation Sources at UB previously? NO ( ) YES ( ) If yes, list the Principal Investigator(s) with whom you have worked:				

<b>Part 2 Instructions:</b> Obtain in-lab training and approval from PI. <b>Check off requirements below.</b>	
I hereby declare that I have instructed the above named individual on:	
<input type="checkbox"/> Health protection problems with radiation exposure <input type="checkbox"/> Purposes and functions of protective devices <input type="checkbox"/> Availability of radiation exposure reports <input type="checkbox"/> Appropriate responses to unusual occurrences	<input type="checkbox"/> Precautions to minimize radiation exposure <input type="checkbox"/> Responsibility to report unsafe conditions <input type="checkbox"/> Laboratory operating procedures
Principal Investigator's Signature:	Date:

<b>Part 3 Instructions:</b> Read and sign certification.		
<b>Associate Investigator Certification:</b> I hereby declare that I will abide by the rules and regulations contained in the UB Campus <i>Radioactive Materials Safety Manual</i> and my laboratory's Radioactive Materials Authorization. I will <b>not</b> use radioactive materials until I have attended the Basic Radiation Safety Orientation and satisfied any additional training requirements.		
Associate Investigator Applicant Signature:	Title:	Date:

**Part 4 Instructions:** Fax this completed form to 829-2029 or return form to: EH&S Radiation Safety Division, 14 Parker Hall, South Campus. **EH&S will contact you concerning training required prior to the use of radioactive materials at UB.**

\*\*\*\*\* EH&S USE ONLY \*\*\*\*\*

Orientation Date \_\_\_\_\_ ( ) Entered in Database ( ) Exam Score Entered \_\_\_\_\_ Date Certificate Sent \_\_\_\_\_

Dosimeters Ordered: ( ) N/A ( ) YES Location Code \_\_\_\_\_ Wearer Number \_\_\_\_\_

Archived By: \_\_\_\_\_ Date: \_\_\_\_\_

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