

**THE UNIVERSITY OF MISSISSIPPI  
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

**APPLICATION FOR AUTHORIZATION TO USE  
RADIOACTIVE MATERIALS OR RADIATION GENERATING DEVICES**

NAME :		DEPARTMENT :	
SOCIAL SECURITY # :		DATE OF BIRTH :	M [ ] F [ ]
FACULTY [ ] STAFF [ ] GRADUATE STUDENT [ ] UNDERGRADUATE [ ] VISITOR [ ] POST-DOC [ ] OTHER [ ] _____			
AUTHORIZATION TYPE REQUESTED : RADIOACTIVE MATERIALS [ ] RADIATION DEVICES [ ]			
AUTHORIZATION STATUS REQUESTED : REGULAR AUTHORIZATION [ ] TEMPORARY AUTHORIZATION [ ]			
IF TEMPORARY AUTHORIZATION :			
NAME OF SUPERVISOR :		DEPARTMENT :	

**PREVIOUS TRAINING HISTORY**

TYPE	LOCATION	DURATION	COURSE TITLE OR DESCRIPTION
BASIC PRINCIPLES AND USES OF RADIOACTIVE MATERIALS OR X-RAYS			
RADIOACTIVITY MEASUREMENT AND MONITORING TECHNIQUES.			
BIOLOGICAL EFFECTS OF RADIATION			

**PRACTICAL EXPERIENCE MATERIALS OR DEVICES**

ISOTOPE OR DEVICE	AMOUNT	LOCATION	DURATION	TYPE OF USAGE

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**OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY**

HAVE YOU HAD ANY PREVIOUS OCCUPATIONAL EXPOSURE TO RADIATION? YES [ ] NO [ ]

IF YOU ANSWERED YES, PLEASE COMPLETE THE FOLLOWING SECTION.

OCCUPATIONAL EXPOSURE - PREVIOUS HISTORY	
LIST NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT (FROM - TO)

HAVE YOU HAD RADIATION THERAPY OR AN EXCEPTIONAL NUMBER OF X-RAY'S (MORE THAN 5 TIMES YOUR AGE)? YES [ ] NO [ ]

**\* LABORATORY SERVICES USE ONLY \***

TYPE OF AUTHORIZATION APPROVED _____
DATE OF APPROVAL ___ / ___ / ___ BY _____
IF TEMPORARY, EXPIRATION DATE OF INITIAL APPROVAL ___ / ___ / ___

PERSONAL MONITORING REQUIRED YES [ ] NO [ ]	
TYPE OF BADGE(S) REQUIRED :	
Radiation Protection Specialist :	DATE :

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**RADIOLOGICAL SAFETY AGREEMENT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(PRINT) FIRST MI LAST  
DEPARTMENT: \_\_\_\_\_ SSN: \_\_\_\_\_

**STATEMENT OF AGREEMENT**

The individual named above signifies by his/her signature below that he/she has read and understands the regulations for the use of radioactive materials and/or radiation devices on the Oxford campus of the University as given in the current University Radiation Safety Manual and published additions to it. The undersigned agrees to comply strictly with all such rules and regulations as given in the current University Radiation Safety Manual as well as in any subsequently published addendum to it. The undersigned hereby waives any right or recourse against the University of Mississippi for any damage whatsoever resulting from any failure to fully conform with said rules and regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature