

**THE UNIVERSITY OF MISSISSIPPI
LABORATORY SERVICES**

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

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

NAME:		DEPARTMENT:	
SSN or UM ID #:		DATE OF BIRTH:	
FACULTY - STAFF - GRADUATE STUDENT - UNDERGRADUATE - VISITOR - POST-DOC - OTHER -			
AUTHORIZATION TYPE REQUESTED: RADIOACTIVE MATERIALS [] RADIATION DEVICES []			
AUTHORIZATION STATUS REQUESTED: REGULAR AUTHORIZATION [] TEMPORARY AUTHORIZATION []			
UM EMAIL:			
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	
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: REGULAR: [] TEMPORARY: [] DATE OF APPROVAL: ____/____/____ BY _____ IF TEMPORARY, EXPIRATION DATE OF INITIAL APPROVAL ____/____/____
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PERSONAL MONITORING REQUIRED: YES [] NO []	
TYPE OF BADGE REQUIRED:	Bb UPDATED: []
RADIATION PROTECTION SPECIALIST:	DATE:

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RADIOLOGICAL SAFETY AGREEMENT

NAME: _____ PHONE: _____
(PRINT) FIRST MI LAST

DEPARTMENT: _____ SSN or UM ID# _____

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