

Appendix 20A



Environmental Health and Safety

EMPLOYEE TRANSFER FORM

Authorized User

Name *(Please print)*: _____

I accept responsibility for the individual listed below to work with radioactive materials under my direction.

Authorized User's Signature _____

Date: _____



Transferring Employee

Name (please print): _____

Signature _____ Date: _____

Email Address: _____ Office Phone Number _____

Received Radiation Safety Orientation Under (Supervisor's Name) _____



**Return to:
Environmental Health & Safety, 204 Hudson Health Center**

Appendix 20B

**REQUEST FOR USE OF RADIOACTIVE ISOTOPE
IN NEW/ADDITIONAL LABORATORY SPACE**

**Note: This request must be received by the Radiation Safety Committee
60 days prior to anticipated move date.**

I am requesting approval of the Radiation Safety Committee for radioactive isotope use in
(please check one) _____ **new** or _____ **additional** laboratory space

Name _____

Current Office Address: _____

Current Office Telephone: _____

Email Address: _____

Current Lab Address: _____

Approved for the following project numbers (please include radioactive isotopes and compounds):

New Lab Address: _____

Anticipated Move Date: _____

New Office Address: _____

New Office Telephone: _____

Will a lab space be decommissioned? _____ Yes _____ No

If yes, provide lab address: _____

Will you be transferring your isotope from building to building? _____ Yes _____ No

I understand that Radiation Safety Office personnel must transport all radioactive materials by vehicle
and that the Radiation Safety Committee must approve my new lab space **prior** to the move.

Signature

Date

Send Original to: Radiation Safety Committee, 204 Hudson Health Center

Send Copy to: Radiation Safety Officer, 203 Hudson Health Center