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:
Risk Management and Safety, 142 University Service Center

10/09
I:\Radiation Safety\License Renewal 2010\RadManAppendix20A.doc
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, 142 University Service Center
Send Copy to: Radiation Safety Officer, 179 University Service Center