

NORTH DAKOTA STATE UNIVERSITY

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE RADIOACTIVE SEALED SOURCE MOISTURE/DENSITY GAUGES

INSTRUCTIONS: *The complete form must be typed and forwarded to the Radiation Safety Officer. Those seeking authorization must be familiar with the requirements of the Radiation Safety Handbook of the North Dakota State University and must comply with all applicable United States Department of Transportation regulations.*

1. Involved Personnel:

a. Responsible Person(s)

Name: _____

Title: _____

Telephone: _____

b. Individuals Using or Supervising Students Using the Device:

<i>Name</i>	<i>NDSU Title</i>	<i>Telephone</i>	<i>Badge?</i>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

2. User Qualifications:

Training and experience of the individual(s) named in item 1a in the theory and use of this or similar devices, in the principles and practices of radiation protection, and in the biological aspects of radiation.

3. Description of the device:

a. Type (Moisture/Density): _____

b. Manufacturer: _____

c. Model / Serial #: Model _____ S/N _____

d. Activity (Nominal): _____ mCi _____ MBq

4. Location where Gauge will be used:

5. Describe the use of the device:

Length of time the device is anticipated to be checked out:

6. Teaching/demonstration requirements:

If your program includes the use of this radioactive sealed source device for teaching or demonstration in academic courses and student exposure is anticipated, then the applicant must give the approximate number of students anticipated, the extent to which students will be operating the device, and health and safety instructions for students.

Signature of individual completing this application

Date:

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TO BE COMPLETED BY THE RSO (Acting on behalf of the Radiation Safety Committee)
(Approval, Disapproval) to use the device.

Signature of RSO

Date