

## Form A

**To:** The Radiation Safety Committee

**Re:** Project involving the use of Radiation/Radioisotopes (or Amendment)

**Project Title:**

**Radionuclides or Other Sources of Radiation:**

**Chemical Names/Forms:** \_\_\_\_\_

**Sources of Radioisotope/Radiation Source:** \_\_\_\_\_

**Contact in Case of Emergency:** \_\_\_\_\_

**Description of Project of Installation:**

**Overall Purpose of the Use of Radiation/Radioisotope:**

**Procedures:**

**Registered Surrogate Supervisor, if any:** \_\_\_\_\_

**Storage:**

**Disposal of Radioactive Wastes and Safety Precautions to be taken:**

**Radiation Projector Director:**

I understand that the use of radiation/radioisotopes described in this form is controlled by the NYS license to College of Environmental Science and Forestry and that I may not begin the requested use until Radiation Safety Committee grants approval. I shall abide by all the rules and regulations in the procedures described in this application.

\_\_\_\_\_  
*Radiation Project Director's Signature*

\_\_\_\_\_  
*Date*

**Approval/Disapproval by Radiation Safety Committee**

Conditions of approval or reasons for disapproval:

\_\_\_\_\_  
*Committee Chairman's Signature*

\_\_\_\_\_  
*Date*