



# JPL Radiation Safety Program

## RADIOACTIVE MATERIALS USE AUTHORIZATION REQUEST

(TYPE/PRINT LEGIBLY, COMPLETE UNSHADED PORTIONS OF FORM ONLY)

NAME / SECTION	TELEPHONE / FAX	MAILCODE OR ADDRESS / E-MAIL ADDRESS	USE AUTHORIZATION NUMBER
----------------	-----------------	--------------------------------------	--------------------------

NEW USE REQUEST     
  MODIFICATION OF USE     
  RENEWAL REQUEST

### I.a DESCRIPTION OF RADIOACTIVE MATERIAL

QUANTITY	ISOTOPE	TOTAL ACTIVITY	PHYSICAL/CHEMICAL FORM	MANUFACTURER	MODEL	SERIAL NUMBER

### 1.b RADIOACTIVE WASTE MATERIALS

WILL WASTE MATERIAL BE GENERATED AS A RESULT OF OPERATIONS INVOLVING THE RADIOACTIVE SOURCES?     NO     YES

IF YES, BRIEFLY DESCRIBE TYPE AND ESTIMATE VOLUME OF WASTE \_\_\_\_\_

II AREA DESCRIPTIONS		III PROCEDURES
USE AREA(S): LOCATION	STORAGE AREA(S): LOCATION	PROVIDE A BRIEF DESCRIPTION OF INTENDED SOURCE USE
BLDG.	BLDG.	(ATTACH COPIES OF ALL PROCEDURES INVOLVING USE OF SOURCES)
ROOM	ROOM	

IV IDENTIFIED PERSONNEL	VI RADIATION SAFETY REQUIREMENTS SUMMARY																																
SOURCE CUSTODIAN:	<table border="1"> <thead> <tr> <th></th> <th>N/A</th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>PERSONNEL DOSIMETRY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>INITIAL AREA ASSESSMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHIPMENT/RECEIPT SUPPORT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PERIODIC AREA ASSESSMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PERIODIC LEAK TEST/INVENTORY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDITIONAL/PERIODIC USER TRAINING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMPLIANCE WITH ADDITIONAL CONTROLS: See attached control provisions</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		N/A	NO	YES	PERSONNEL DOSIMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INITIAL AREA ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHIPMENT/RECEIPT SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERIODIC AREA ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERIODIC LEAK TEST/INVENTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL/PERIODIC USER TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMPLIANCE WITH ADDITIONAL CONTROLS: See attached control provisions			
		N/A	NO	YES																													
PERSONNEL DOSIMETRY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
INITIAL AREA ASSESSMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
SHIPMENT/RECEIPT SUPPORT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
PERIODIC AREA ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
PERIODIC LEAK TEST/INVENTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
ADDITIONAL/PERIODIC USER TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
COMPLIANCE WITH ADDITIONAL CONTROLS: See attached control provisions																																	
SOURCE USERS:																																	
_____ _____ (ATTACH TRAINING/EXPERIENCE SUMMARY FOR EACH NAMED INDIVIDUAL)																																	
V INTENDED PERIOD OF USE																																	
(AUTHORIZATIONS ARE EFFECTIVE FOR A MAXIMUM OF ONE YEAR, RENEWABLE )																																	

### VII AUTHORIZATION SIGNATURES

SOURCE CUSTODIAN/PREPARER	DATE	JPL RADIATION SAFETY OFFICER	DATE
SECTION MANAGER	DATE	JPL RADIATION SAFETY COMMITTEE CHAIR	DATE