

University at Buffalo
Environment, Health & Safety Services
APPLICATION TO USE RADIOACTIVE MATERIAL
 ASSOCIATE INVESTIGATOR AUTHORIZATION

Section 1.1 Instructions: Fill in the information requested below. Print neatly.				
Last Name, First Name, Middle Initial		Name of Principal Investigator:		Office Address:
Office Telephone:	UB Person Number:	Date of Birth:	Gender: Male () Female ()	Department:
* The Federal Privacy Act of 1974 requires notification that your SSN is required pursuant to the Nuclear Regulatory Commission. The SSN is used to track occupational exposure to ionizing radiation and if applicable shared with a vendor dosimetry service.				Social Security Number (SSN)*:
E-mail Address:				Office Fax:
Radioactive Materials & Quantities to be Used: () Sealed Source Use Only				Location(s) of Use:
Short Term Use? (i.e., working less than three months; graduate student moving to different labs, etc.) NO () YES () If yes, give expected length of use:				
Have you ever worked with Radioactive Material, Radiation Sources, or Radiation Generating Equipment at UB previously? NO () YES () If yes, list the Principal Investigator(s) with whom you have worked:				

Section 1.2 Instructions: Read and sign certification.		
Associate Investigator Certification: I request use of radioactive materials under the authorization of the above Principal Investigator and will obtain required radiation safety training. I will not use radioactive materials until I have attended the Radiation Safety New User Orientation and satisfied any additional training requirements .		
Associate Investigator Applicant Signature:	Title:	Date:

Section 1.3 Instructions: Return completed form to EH&S, Service Building, South Campus. Campus Mail or Fax to 716-829-2029 or e-mail to RadSafety@facilities.buffalo.edu. **EH&S will contact you concerning training required prior to the use of radioactive materials at UB.**

Section 1.4 Instructions: EH&S use only.		
Pretest Sent Date:	Pretest Received Date:	Orientation Reservation Date:
Dosimeters Required for Survey: NO () YES () Temporary Dosimeters Issued: N/A () YES ()		Dosimeter Location Code/Wearer Number: