

APPLICATION FOR A VISITING SCIENTIST USING RADIOACTIVE MATERIAL AT UNIVERSITY OF DELAWARE LABORATORIES

Visiting scientists may use radioactive materials in University of Delaware laboratories for a brief period provided- 1) they have significant past radiation experience, 2) they provide documentation of radiation safety training at their home institution during the previous 12 month period, 3) they complete this form, and 4) they perform radiation work under the close supervision of a permanent UD radiation worker. Visitors staying for an extended period of time or making more than 3 distinct visits to the lab in the same year must contact the UD Radiation Safety Officer (831-8475) to obtain radiation safety training.

Instructions to Visiting Scientist: Complete Sections 1-4 of this form and forward it (with the Section 2 attachment) to the UD Radiation Safety Officer (FAX 302-831-1528) ASAP but at least three working days before you begin radiation work in the laboratory. You must submit this form each time you visit UD and plan to use radioactive material.

SECTION 1

NAME:	
HOME INSTITUTION:	
UD LABORATORY WHERE RADIOACTIVE MATERIALS WILL BE USED:	
DATE(S) THAT RADIOACTIVE MATERIALS WILL BE USED:	
RADIONUCLIDE(S) THAT WILL BE USED:	
NUMBER OF YEARS EXPERIENCE IN USE OF RADIONUCLIDES:	

SECTION 2

Attach documentation from the Radiation Safety Office of your home institution showing that radiation safety training has been provided to you within the past 12 months.

SECTION 3

Obtain the signature (below) of the UD radiation worker who will supervise your radiation work during your visit.

I am an Authorized User of radioactive material and will supervise the work of the named visitor during periods of radiation use--

Signature of UD radiation worker

Date

SECTION 4

Sign the statement below.

I agree to abide by all requirements in the University of Delaware Radiation Safety Manual.
<http://www.udel.edu/ehs/research/downloads/Radiation%20Safety%20Manual%2012-2014.pdf>
 I will conduct radiation work only under the supervision of a UD radiation worker.

Signature of visiting scientist

Date

 Office Use Only Authorization is granted for the period _____ to _____. Initials- _____ wf05/15