

APPLICATION FOR AMENDMENT

1. Authorized User:

Name: _____ RUA#: _____

Department: _____ Phone/Ext: _____ Fax: _____ e-mail: _____

2. Changes in Personnel, Equipment, and/or Location: (Since the original application or most recent update. New personnel must complete the UCR *Training and Experience* form)

3. Reason for Amendment: (please check as appropriate)

- Use of a different isotope for a previously approved use.
- Use of a different chemical form of an isotope for a previously approved use.
- A greater possession limit for a previously approved radioisotope
- New location for a previously approved use: (identify, describe, and include floor plan)

Other: (describe) _____

4. Describe the Currently Approved Use:

5. Describe the Proposed Use:

6. Radioactive Materials as They Would Appear on the Amended Authorization:

<u>Isotope</u>	<u>Chemical & Physical Form</u>	<u>Activity Per Procedure</u>	<u>Possession Limit (at any one time)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Unusual Hazards Related to the Proposed Changes:

a) Describe: _____

b) Special precautions to be taken: _____

8. **Waste Generated:**

a) What wastes will be generated? _____

b) How will they be disposed of? _____

9. **This Amendment Involves:**

a) Nucleic Acids Tagged With Radioactive Materials? (Yes, No)

b) Animals? (Yes, No)

If yes, remember, approval by the UCR "Animal Research Committee" is required. Identify:

Species? _____ Number per year: _____ Activity per carcass: _____

c) Human subjects? (Yes, No)

If yes, submit the new dosimetry? _____

10. **Certification:**

I/We certify that I/we have read the UCR Radiation Safety Manual, and that all uses of radioactive materials will be in accordance with the requirements set forth therein and in this application, and that the Radiation Safety Officer will be notified before any changes are made in the use of the radioactive materials as herein described.

Applicant: _____ Date / /

Department Chair: _____ Date / /

To save time, be certain that all information is provided and obtain all necessary signatures

SEND COMPLETED APPLICATION TO EH&S RADIATION SAFETY