AUGUSTA UNIVERSITY



RESEARCH PROPOSAL FOR USE OF RESEARCH IRRADIATOR

This form is for researchers who do not intend to use radioactive material on campus but want to operate or supervise others to operate research irradiators.

This form should be submitted after all of those who will be operating the irradiator(s) have completed all of the required Radiation Safety training and irradiator operator training.

The Assistant Radiation Safety Officer performs an initial review of the application and may solicit additional information from the requestor.

After completion, submit the signed form to:

Radiation Safety Office Attention: Phil Maguire Augusta University Building CI-1001 Augusta, Ga. 30912-7520

Please note that access to research irradiators requires "Trustworthy and Reliability" status. See the Radiation Safety web page at <u>Procedures for Irradiator Access</u> or contact Phil Maguire for additional information.

AUGUSTA UNIVERSITY

RESEARCH PROPOSAL FOR USE OF IRRADIATOR ON ANIMALS OR CELLS

PAU Number:		Proposal Number:	
Principal Authorized User:		Phone Extension:	
Department:		Campus Address:	
Submission Dat	te:		
1. Please indic	ate irradiator(s) that you or your radiation	on worker(s) will be using:	
NORDION I	RRADIATOR in the CB Building		
JL SHEPHE	RD IRRADIATOR in the CN Building		
2. Please indic	ate current and/or anticipated future iter	ns that may be irradiated:	
Research in	volving cells		
Research involving mice			
Research in	volving zebra fish		
Other			
3. Verification	of Operator Training		
Has the operato	or(s) of the irradiator(s) completed irradiator	training for all the irradiators to be used?	
YES	NO		
Will you be ope	rating the irradiator(s)?		
YES	NO		
Will radiation worker(s) be operating the irradiator(s)? If yes, list the worker(s) name(s):		If yes, list the worker(s) name(s):	
YES	NO		
PAU Signature:			
		Date:	

Philip Maguire
Assistant Radiation Safety Officer
Environmental Health and Safety
Augusta University