

**University at Buffalo**  
**Environment, Health & Safety Services**  
**APPLICATION TO USE RADIATION GENERATING EQUIPMENT**  
 ASSOCIATE INVESTIGATOR AUTHORIZATION

<b>Part 1 Instructions:</b> 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:	Sex: M ( ) F ( )	Department:
* The Federal Privacy Act of 1974 requires notification that your SSN is requested 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:
Type of Radiation Producing Equipment to be Used:				Location(s) of Use:
Short Term Use? (i.e., working less than three months) NO ( ) YES ( ) If yes, give expected length of use:				
Have you ever worked with Radioactive Material or Radiation Sources at UB previously? NO ( ) YES ( ) If yes, list the Principal Investigator(s) with whom you have worked:				
Have you been monitored (issued a dosimeter) for radiation exposure during the <b>current</b> calendar year? NO ( ) YES ( ) If yes, please list the name(s) of the employer(s) performing the monitoring and <b>estimate your year-to-date dose</b> :				

<b>Part 2 Instructions:</b> Obtain in-lab training and approval from PI. <b>Check off requirements below.</b>	
I hereby declare that I have instructed the above named individual on:	
<input type="checkbox"/> Health protection problems with radiation exposure <input type="checkbox"/> Purposes and functions of protective devices <input type="checkbox"/> Availability of radiation exposure reports <input type="checkbox"/> Appropriate response to unusual occurrences	<input type="checkbox"/> Precautions to minimize radiation exposure <input type="checkbox"/> Responsibility to report unsafe conditions <input type="checkbox"/> Laboratory operating procedures <input type="checkbox"/> Applicable State and UB rules and regulations
Principal Investigator's Signature:	Date:

<b>Part 3 Instructions:</b> Read and sign certification.		
<b>Associate Investigator Certification:</b> I hereby declare that I will abide by the rules and regulations contained in the UB Campus <i>Radiation Equipment Safety Manual</i> and my laboratory's operating procedures. I will <b>not</b> operate any radiation generating equipment unless I have received adequate instructions on the safe use of such equipment.		
Associate Investigator Applicant Signature:	Title:	Date:

**Part 4 Instructions:** Fax this completed form to 829-2029 or return form to: EH&S Radiation Safety Division, 14 Parker Hall, South Campus.

\*\*\*\*\* EH&S USE ONLY \*\*\*\*\*

Dosimeters Ordered: ( ) N/A ( ) YES Location Code \_\_\_\_\_ Wearer Number \_\_\_\_\_  
 ( ) Entered into Database Archived By \_\_\_\_\_ Date \_\_\_\_\_

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