

UNIVERSITY OF TOLEDO

RADIOISOTOPE USE AMENDMENT REQUEST

Pick One: Main Campus Health Science Campus
TO: CAMPUS RADIATION OFFICER

This is to request an amendment(s) to my Radioisotope Use Permit as indicated in the section(s) checked:

PERSONAL CHANGES

Add the following usernames: _____
Completed Applicant Training & Experience Forms must be attached.

Delete the following personnel from the permit: _____

Delete the following personnel from dosimetry service only:

Please state reasons for deleting personnel: _____

Dosimetry badges and finger rings are enclosed/have been previously returned for deleted users.

CHANGES IN RADIOACTIVE MATERIALS

Delete the following radioactive materials:

Add the following radioactive materials: _____

| Isotope | Chemical Form | Physical Form | Maximum # uCi/Order | Possession Limit | Use Location |
|---------|---------------|---------------|---------------------|------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

CHANGES IN USE LOCATIONS

Delete the following area(s) of use: Contact Radiation Safety Officer to decommission this lab

Add the following area(s) of use: Contact Radiation Safety Officer to commission this lab

NEW PROJECT(S) OR CURRENT PROJECT REVISION(S)

New Radiation Use Project: Complete the Project Description Page

Current Project(s) Revision(s): Complete the Project Description Page

OTHER AMENDMENT REQUESTS

Describe:

Principal Investigator Signature: _____ Date: _____