



FIU

FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

**Environmental Health & Safety &
Risk Management Services**

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APPLICATION FOR PURCHASE OF SEALED SOURCE

To: University Radiation Safety Officer

1. Equipment
 Equipment Description: _____
 Model Number: _____ Serial Number: _____
 Isotope(s) : _____
 Activity (mCi): _____

2. Name of Principal Investigator: _____
 Department: _____
 Telephone: _____ Fax: _____ Email: _____
 Emergency Contact number: _____

3. Place of use
 Building: _____ Room: _____ Campus: _____

4. Purpose: Use in current research
 New research project (attach a detailed description of project)

5. Have P.I. and users received Radiation Safety Training? YES NO
 If Yes, When and Where: _____
 If No, Have arrangements been made to complete training before start of use?
 Scheduled training date: _____

Signature of Principal Investigator

Date

Action by Radiation Safety Officer
Approved/Forwarded to Radiation Control Committee for approval before authorization
from the Bureau of Radiation Control

Name _____ Signature _____ Date: _____