## UNIVERSITY OF HOUSTON Radiation Safety Manual Radioactive Materials Sub-registration Amendment Form

Principal In Permit #:	vestigator:		Department: Phone:	
	Authorized User* Authorized User Possession Limit**	Location Location	Isotope Isotope	RAM Procedure** RAM Procedure
(Final disposition date of deleted materials and Hazardous waste pickup request must be provided) **Use additional sheets to describe the procedure or reasons for possession limit change. *Complete page 2 if adding a user.				

Details:

Radioactive Material(s) Data:

Isotope	Compound (Liquid, solid, Sealed, Etc.)	Vendor	Activity(mCi)

I certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

Signature of Principal Investigator	Date
Signature of Radiation Safety Officer	Date
Approved by Radiation Safety Committee _	Date

## UNIVERSITY OF HOUSTON Radiation Safety Manual

1. PI Responsibilities (Please initial before each responsibility below.)
I have provided training to employee using the specified Radioactive Materials. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment (PPE) and accompanying equipment.
Employee has been trained initially and will be trained annually thereafter. Their knowledge, competence and practices shall be evaluated and documented.
I have implemented a safety program and will include this information in the SOP for that Radioactive Material.
I have limited access to Lab and or equipment to authorized users only.
I have implemented practices to minimize the possibility of injury while using the specified materials and or associated equipment.
I have developed a Standard Operating Procedures (SOP) for Start-up/Shut-down, and operation of the specified material. The Standard Operating Procedures (SOP) has a contingency plan in the case of an emergency.
I will provide all requested information to the Radiation Safety Officer via email at <u>ehs@uh.edu</u> or, by phone at 713-743-5858

PI Name:

PI E-Mail:

PI Signature:

PI PSID #:

Date:

	<ol> <li>Future Authorized User Responsibilities (Please initial before each responsibility below.)</li> </ol>	
	I have received training and understand the risks of this specific Radioactive Material. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment and accompanying equipment.	
	I have agreed with my PI to be trained initially and annually thereafter. My knowledge, competence and p have been evaluated and documented.	oractices
	My PI has provided me with a copy or instructed me on how to obtain a copy of the SOP for that material.	
	I have read, and understand the Standard Operating Procedures (SOP) for Start-up/Shut-down, and opera the specified material. I am also aware of the actions required during an emergency.	ation of
	I will use the training I have received from my PI to minimize the possibility of injury while using the mate associated equipment.	erial or
	I understand that as an authorized user I may have limited access to the lab, or equipment and will not allow that is not authorized to use the material or enter the lab.	w anyone
	I will report any spills or safety concerns to my PI as they become apparent, and if they cannot be, or are r resolved, I will notify the Radiation Safety Officer via email at <u>ehs@uh.edu</u> or, by phone at 713-743-5858.	
AU Nam	ne: AU E-Mail:	

AU Name:	AU E-Mail:	
AU Signature:	AU PSID #:	Date: