Authorization to Purchase or Accept Radioactive Materials or Radiation Producing Devices

☐ Purchase  ☐ Donation

Requested material or device: ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

Requested by: ___________________________  Phone: ___________________________
End-User (if different): ___________________________  Phone: ___________________________
Department: ___________________________  Phone: ___________________________

☐ APPROVED by the Campus Radiation Safety Officer  Date: ___________________________

Name: ___________________________  Signature: ___________________________

☐ DISAPPROVED by the Campus Radiation Safety Officer*  Date: ___________________________

Name: ___________________________  Signature: ___________________________

Reason for disapproval:

☐ End User is not an Authorized User
☐ Authorized User has not been authorized to use or possess this material/device
☐ Purchase would exceed Authorized User’s approved material quantity limit
☐ Purchase would exceed CSU, Chico’s Radioactive Material License’s quantity limit
☐ CSU, Chico’s radioactive material license does not allow for the possession of this material/device
☐ Other: ___________________________________________

_________________________________________

* Please contact the campus Radiation Safety Officer at ext. 5126, or a member of the Radiation Safety Committee to proceed with the purchase or acceptance of this material or device. This denial is not necessarily final; it may be possible to take further steps to accomplish all the requirements set forth by the regulating agency, the University’s License, or the Radiation Safety Manual.