**ASU RUA Annual Reporting Form**

 Environmental Health, Safety, and Emergency Management

RUA #       *(To be filled out by EHS&EM)*

*Instructions: Complete and send the request form electronically to* *compliance@appstate.edu**.*

**Section I: Background**

1. Name:
2. Department(s):
3. Reporting Period:

**Section II: Radioactive Material**

1. Radioactive material on hand:

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| --- | --- | --- | --- |
| Isotope | Activity (mCi) | Volume (L or ft3) | Location (sewer, Rm #) |
|       |       |       |       |
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1. Describe your previous year’s activity involving radioactive material:
2. Describe any previous year’s radiation incidents or accidents:
3. Waste generated during the previous year:

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| --- | --- | --- | --- |
| Isotope | Activity (mCi) | Volume (L or ft3) | Location (sewer, Rm #) |
|       |       |       |       |
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By submitting this application, the Principal Investigator (and responsible faculty member if PI is a student) accepts responsibility for understanding and complying with Appalachian State University policy on the use of radioactive materials and x-ray producing machines as described in the Appalachian State University Radiation Safety Manual.

The Office of Research Protections, Radiation Safety Officer and the Principal Investigator, have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI. Name and email address, set out below, constitute electronic signature of this application.

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| PI Name | If Student PI, responsible faculty name |

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| --- | --- |
|       |       |
| PI Email Address | If Student PI, responsible faculty email address |

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| For RSO:[ ] Approved [ ] Approved pending clarifications [ ] Disapproved RSO Name: Greg BellRSO Email address: bellgl@appstate.eduDate:       |