**Application for Disposal of Radioactive Material**

Environmental Health, Safety, and Emergency Management

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

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

**Note**: *No waste shall be disposed of without written permission from the Radiation Safety Officer.*

**Section I: Background**

1. Name of Authorized User:
2. Department(s):
3. Date:

**Section II: Disposal of Radioactive Material**

*Please fill out the following information about the radioactive materials in question:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Isotope | Activity (mCi) | Half Life | Chemical Form | Physical Form | Location (sewer, Rm #) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. How is the waste currently stored?
2. What security is in place to prevent unauthorized access or contamination?
3. Have radiation surveys of the radioactive material waste confirmed:

[ ] The absence of licensed radioactive materials

[ ] That any remaining residual radioactivity is within regulatory limits and is ALARA

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.

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

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

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