**Sealed Source Management Plan**

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

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

**Section I: Background**

1. Name of Primary Point of Contact:
2. Department(s):
3. Date:

**Section II: Sealed Sources**

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| --- | --- | --- |
| Isotope | Usage/Instrument | Location (Bldg., Rm #) |
|       |       |       |
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**Section III: Responsibilities**

By submitting this management plan, the primary point of contact confirms responsibility for the sealed sources listed above. Specifically, the contact person is responsible for the following:

1. Report any emergencies to RSO and the Environmental Health, Safety and Emergency Management Office
2. Schedule biannual wipe test with RSO
3. If applicable, ensure users receive proper safety training

The Office of Research Protections, Radiation Safety Officer and the Primary Contact Person, have agreed to conduct this application process by electronic means, and this application is signed electronically by the Primary Contact Person. Name and email address, set out below, constitute electronic signature of this application.

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|       |       |
| Name of Primary Point of Contact | Primary Point of Contact Email Address |

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