PART A: MIT Radioactive Material Authorization

SECTION I. General Information					
Department/DLC:					
Principal					
Investigator	Last name, First na	me	Kerberos ID	Phone:	Bldg./Room#:
Lab Contact	Last name, First na	mo	Kerberos ID	Phone:	Room#:
EHS			Keibelos ib	Filone.	100011#7.
Representative	Last name, First na	me	Kerberos ID	Phone:	Room#:
SECTION II. Application for principal investigator of a radioactive material authorization					
Complete "Application for Principal Investigator of a Radioactive Material Authorization" for new PI's					
SECTION II. Rooms/Spaces to be Registered As Radioactive Material Laboratories					
Building/Rooms: If Yes, Please attach <u>RAM- Shared Space Registration Form</u>					
SECTION III. Radioactive Material Possession					
Please list all Radioactive material to be procured and used under this Authorization in the Part B Radioactive Material form.					
SECTION IV. Principal Procedures					
Principal Procedures are required for each type of radioactive material use. Multiple procedures for each type of					
radioactive material may be used. Please complete a separate Principal Procedure for each process of radioactive					
material use. The Part C Principal Procedure template can be downloaded to be modified for each process.					
SECTION V. Authorized Personnel					
All personnel authorized to use radioactive materials under this Authorization must complete the following before					
commencing work with radioactivity:					
Radiation Safety Training (EHS00301c/w)					
Radiation Worker Registration Form (RP-50)					
SECTION VI. Certification and Signatures					
I acknowledge the following:					
 a) My laboratory will comply with the requirements of the MIT Radiation Safety Program. b) Maintain an up-to-date listing of Radioactive Material Rooms and Users 					
c) Provide experiment-specific training to radiation workers					
d) Maintain written inventory of material from all sources (source storage, waste, etc)					
e) Inform RPP of new Radioactive material work					
 f) Ensure personnel wear appropriate PPE and when necessary, monitoring devices g) Ensure the security and proper disposition of all radioactive material under this authorization 					
g) Ensure the security and proper disposition of all radioactive material under this authorization					
Person completing this form (Print Last, First Name)					Date
Principal Investigator (Print Last, First Name) Signature					Date