

REQUEST TO REACTIVATE A RADIONUCLIDE PROJECT

Project Director _____ PhD MD Other _____
Beyond Baccalaureate

University Identification Number _____ Project Number _____

Department/Section _____ Office Location _____ Mail Code _____

Office Phone _____ Lab Phone _____ Fax _____ E-Mail _____

Use Locations - List all locations where radioactive material will be used or stored (include counting labs).

Room Number	Building Name	Type of Use	Department with Administrative Control Over this Space	For RSS Use Only

Project Personnel - List all personnel who will be using radioactive material under this project.

First Name	Last Name	University Identification Number

I request reactivation of my authorization. I understand that a Radiation Safety Section Health Physicist will contact me to make final arrangements for the reactivation and that radioactive material may not be used or acquired until new project authorization documents are completed.

Signature of Project Director _____ Date _____

Please do not write below this line, for Radiation Safety use only.

Stamp date received on reverse. Initials of H.P. Assigned _____ Original in project file, copy to H.P. by _____

H.P. approval for reactivation _____ Date _____ Entered into database by _____ Date _____