

UNIVERSITY OF NEW HAMPSHIRE

ADDITION OF PERSONNEL TO RADIOACTIVE MATERIAL USERS PERMIT

TO: Attn: Radiation Safety Officer
Office of Environmental Health and Safety
Perpetuity Hall, 11 Leavitt Lane

FROM: Authorized User: _____
Department: _____ Telephone: _____

DATE: _____

Please amend my radiation permit to include the following person as a Radiation Worker:

Name: _____ Telephone: _____ E-mail _____

Status: Faculty Graduate Student
 Staff Undergraduate Student
 Other (specify) _____

I am aware that no one **under the age of 18** may work with radioactive materials: Yes No

This person will be working with the following radionuclides: _____

This person will require dosimetry: Immediately Sometime in the future Never
(Will notify the RSO)

This person (Please check one):

- Will use the **Radiation Protection Program** and **Radiation Safety User's Guide** located in the laboratory.
- Will require a **Radiation Protection Program** and **Radiation Safety User's Guide** of his/her own.

This person (Please check one):

- Is a new Radiation Worker at UNH and has successfully completed the Radiation Worker Training presented by UNH OEHS.
- Is already a currently trained Radiation Worker at UNH and is/was listed on Dr. _____'s permit.

Signature of Authorized User: _____