

# APPLICATION FOR A VISITING SCIENTIST USING RADIOACTIVE MATERIAL AT UNIVERSITY OF DELAWARE LABORATORIES

Visiting scientists may use radioactive materials in University of Delaware laboratories for a one week provided-  
 1) they have significant past radiation experience, 2) they provide documentation of radiation safety training at their home institution during the previous 12 month period, 3) they complete this form, and 4) they perform radiation work under the close supervision of a permanent UD radiation worker. Visitors staying longer than one week or making more than 3 distinct visits to the lab in the same year must contact the UD Health Physicist (831-8475) to obtain radiation safety training.

Instructions to Visiting Scientist: Complete Sections 1-4 of this form and forward it (with the Section 2 attachment) to the UD Health Physicist (FAX 302-831-1528) at least three working days before you begin radiation work in the laboratory. You must submit this form each time you visit UD and plan to use radioactive material.

**SECTION 1**

NAME:	
HOME INSTITUTION:	
UD LABORATORY WHERE RADIOACTIVE MATERIALS WILL BE USED:	
DATE(S) THAT RADIOACTIVE MATERIALS WILL BE USED:	
RADIONUCLIDE(S) THAT WILL BE USED:	
NUMBER OF YEARS EXPERIENCE IN USE OF RADIONUCLIDES:	

**SECTION 2**

Attach documentation from the Radiation Safety Office of your home institution showing that radiation safety training has been provided to you within the past 12 months.

**SECTION 3**

Obtain the signature (below) of the UD radiation worker who will supervise your radiation work during your visit.

I am an Authorized User of radioactive material and will supervise the work of the named visitor during periods of radiation use--

\_\_\_\_\_  
 Signature of UD radiation worker \_\_\_\_\_  
 Date

**SECTION 4**

Sign the statement below.

I have read the University of Delaware Radiation Safety Manual ([www.udel.edu/OHS/radiation/radsafetyman.html](http://www.udel.edu/OHS/radiation/radsafetyman.html)) and agree to abide by all rules and regulations therein. I will conduct radiation work only under the supervision of a UD radiation worker.

\_\_\_\_\_  
 Signature of visiting scientist \_\_\_\_\_  
 Date

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Office Use Only  
\_\_\_\_\_ wf02/02

Authorization is granted for the period \_\_\_\_\_ to \_\_\_\_\_.

Initials-