

California Institute of Technology

Request for Amendment to Permit for Possession and Use of Radioactive Materials

Date			
Principal Investigator	Department	Mail Code	Extension
Permit Number			

Change Requested

Add the following location(s) _____

Delete the following location(s) _____

Acquire additional sealed/plated source(s) (Contact Institute Health Physicist before completing this item.)

<u>Nuclide</u>	<u>Physical Form</u>	<u>Quantity (millicuries)</u>		
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>per experiment</u></td> <td style="width: 50%; text-align: center;"><u>per purchase</u></td> </tr> </table>	<u>per experiment</u>	<u>per purchase</u>
<u>per experiment</u>	<u>per purchase</u>			

Change or add unsealed nuclide form or quantity

<u>Nuclide</u>	<u>Chemical Form</u>	<u>Quantity (millicuries)</u>		
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>per experiment</u></td> <td style="width: 50%; text-align: center;"><u>per purchase</u></td> </tr> </table>	<u>per experiment</u>	<u>per purchase</u>
<u>per experiment</u>	<u>per purchase</u>			

Organic Compounds _____

Inorganic Compounds _____

Description of Proposed Use (Must be completed if different than permit. Give sufficient detail of procedures for Radiation Safety Committee evaluation. Attach additional pages if necessary.)

Certification

We certify that the material will be used as described above or on the original permit, that no changes will be made without prior approval of the Radiation Safety Committee, and that approval conditions and all applicable provisions of the California and Caltech radiation regulations will be observed.

Signature of Principal Investigator *Signature of Division Radiation Safety Officer*

Radiation Safety Committee Approval Conditions	
	<p>Workplace Type (See <i>Radiation Safety Manual</i> Appendix B.)</p> <p><input type="checkbox"/> A <input type="checkbox"/> B</p> <p><input type="checkbox"/> C <input type="checkbox"/> D</p>
<p>Amendment Approved By</p> <p><input type="checkbox"/> Full Committee _____</p> <p><input type="checkbox"/> Sub-committee _____</p> <p style="display: flex; justify-content: space-between;"><i>Signature of Institute Health Physicist</i> <i>Date</i></p>	