

NUCLEAR SUBSTANCES RECEIVING AUTHORIZATION FORM

Room 003, Chemistry Stores, Chemistry Building, Dock 11, Postal Code N6A 5B7

1. Radiation Permit Holder

Name: _____ Permit Number: _____

Building: _____ Department: _____

Email: _____ Campus Phone #: _____

Radiation Safety Training Date: _____ UWO ID Card Number _____

2. Do you currently have an account at Chemistry Stores? Circle: Yes or No

If yes, please provide your customer # _____

3. Location where nuclear substances will be stored: Room # _____ Building _____

4. Authorized personnel listed on the permit to receive nuclear substances

1) Name: _____ UWO ID Card # _____

E-mail: _____ Campus Phone#: _____

Radiation Safety Training Date: _____

2) Name: _____ UWO ID Card # _____

E-mail: _____ Campus Phone#: _____

Radiation Safety Training Date: _____

3) Name: _____ UWO ID Card # _____

E-mail: _____ Campus Phone#: _____

Radiation Safety Training Date: _____

4) Name: _____ UWO ID Card # _____

E-mail: _____ Campus Phone#: _____

Radiation Safety Training Date: _____

Approved by Radiation Safety Coordinator

Date

Please copy this form and attach additional names if necessary.

Send completed form to:

Hoa Ly, Radiation Safety Coordinator, Room 4190, Support Service Building or Fax: 83420