

**APPLICATION FOR AUTHORIZATION TO USE  $^{137}\text{Cs}$  IRRADIATOR UNIT**

Name of Applicant: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Department: \_\_\_\_\_ Tel. Ext.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of Radiation Safety Orientation training: \_\_\_\_\_

Date of Mark I Irradiator training: \_\_\_\_\_

Name of all individuals who may operate the unit under this authorization:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Use for Irradiator (Please describe briefly on your irradiation protocol):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The signature below affirms that the applicant has read and agrees to comply with, the regulations set forth in NRC/NJDEP Radioactive Material License, and the Rutgers Biomedical and Health Sciences-Newark Campus Radiation Safety Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_