



RADIOACTIVE MATERIALS PERMIT AMENDMENT
USE/STORAGE LOCATION CHANGE

| Name of Authorized User | Permit (License) Number |
|-------------------------|-------------------------|
| | |

Request for Addition or Deletion of Location from Permit

| Building | Room Numbers | Location Description (use, storage, LSC room, etc.) | Check Either Box Below | |
|----------|--------------|--|------------------------|--------|
| | | | Add | Delete |
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|--|--|
| Provide new location phone number here (if applicable) | |
|--|--|

Comments/Additional Information:

Note: Verification by a member of the Radiation Safety staff of an adequate, documented radiation/contamination survey is required prior to returning an area or component to unrestricted use.

| |
|--|
| Authorized User Signature: _____ Date: _____ |
|--|

↓ Radiation Safety Use Only Below This Line ↓

Permit Number: _____ Date Received: _____

| | | |
|---|--------------------------|--|
| RSO Recommendation | <input type="checkbox"/> | Approve Amendment |
| | <input type="checkbox"/> | Approve Amendment pending resolution of conditions noted on attachment |
| | <input type="checkbox"/> | Evaluation by Radiation Safety Committee |
| | <input type="checkbox"/> | Do not approve due to conditions noted on attachment |
| Radiation Safety Officer Signature: _____ Date: _____ | | |
| Radiation Safety Committee Chairman Approval Signature: _____ Date: _____ | | |