

RADIATION USE AUTHORIZATION RENEWAL

University of California, Merced

Current RUA Number: _____
 RUA Expiration Date: _____

Please include requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Please sign and date then send to the EH&S Radiation Program through campus mail, or scan and send via email to ksmith23@ucmerced.edu.

Principal Investigator: _____ Office Phone: _____
 Lab Phone: _____

University Position/Title: _____ Fax Number: _____

Department: _____ E-mail Address: _____

Check one:
 I do not plan to use radioisotopes in the coming year There are no changes in my existing RUA
 Please amend my RUA to reflect the following changes:

Location:

Add the following locations:

Building	Room

Delete the following locations:

Building	Rooms

Personnel:

Add the following personnel:

Last Name, First Name	M/F	Employee ID#

Delete the following personnel:

Last Name, First Name	M/F	Employee ID#

Radioisotope Limits:

Add the following radioisotopes:

Isotope	Chemical Form	Physical Form(s)	mCi/Experiment	mCi/Order	mCi/Year

Delete the following radioisotopes:

--

Experimental Procedures (check one)

- There are no significant changes in my experimental procedures
- My new experimental procedures are described below:

--

Responsible Principal Investigator

Date

Radiation Safety Officer

Date