

APPENDIX E – RADIATION WORK PERMIT AMENDMENT

RSO Use Only
RWP No.: _____

INSTRUCTIONS:

This form is to be completed by the AU and approved by the RSO and RSC prior to any work performed with radioactive materials. The AU should submit the completed form to the RSO via Campus Mail addressed to Environmental Health & Safety, 1716 Park Street.

PRIMARY AUTHORIZED USER: _____
 TITLE/POSITION: _____
 DEPARTMENT: _____
 TELEPHONE: _____
 E-MAIL: _____
 DATE PREPARED: _____

1. For which RWP No. are you requesting this amendment?
2. Please describe the changes you are requesting to the RWP No. indicated in Item 1.

RADIATION WORK PERMIT AMENDMENT CERTIFICATION AND APPROVAL

I certify that the work performed with the materials requested in this application will be done in accordance with the rules and regulations contained in 902 KAR 100, WKU’s Radioactive Material License, and the WKU Radioactive Material Safety Manual.

Applicant’s Signature: _____ Date: _____

Approved by: _____ Date: _____
 (Radiation Safety Officer)

Approved by: _____ Date: _____
 (Radiation Safety Committee Chair)