RS-2 / Radiation Use Permit Modification Form

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Authorized User / Permit Information

Authorized User: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Radiation Use Permit No.: _____

SECTION 2 – Requested Permit Modification

☐ Add laboratory / authorized use location _____
RSO review and inspection required before use, as applicable *Building Name / Room Number*

☐ Remove laboratory / authorized use location _____
RSO survey or other release/decommissioning verification may be required *Building Name / Room Number*

☐ Add/remove personnel or change the Alternate Authorized User

Name(s) / requested change: _____

☐ Add / remove radionuclide(s); specify: _____

☐ Change possession limit: _____

_____

☐ Modify procedure/protocol

☐ Add/modify equipment or engineering control

☐ Other: _____

Detailed description of requested change: _____

_____

Reason for change: _____

_____

Radiation-safety impact/controls affected: _____

_____

Requested implementation date: _____

The requested change may not be implemented until approved by the RSO and, when applicable, the Radiation Safety Committee.

SECTION 3 – Change in Permit Status

☐ **Change Authorized User**

Current Authorized User: _____

Proposed Authorized User: _____

☐ RS-1 submitted for the proposed Authorized User

☐ **Place Permit on Inactive Status**

(e.g., sabbatical or extended period during which radioactive material will not be used)

Requested inactive date: _____

Anticipated reactivation date, if known: _____

Before inactive status is approved:

- Radioactive material and radioactive waste must be transferred, disposed of, or otherwise placed under an arrangement approved by the RSO.
- Required laboratory surveys and inventory verification must be completed to the satisfaction of the RSO.

☐ **Terminate Radiation Use Permit**

Requested termination date: _____

☐ Terminate specific radioactive-material activities: _____

☐ Terminate the Radiation Use Permit in its entirety

Permit termination is not effective until required inventory disposition, surveys, decommissioning activities, and RSO closeout have been completed.

SECTION 4 – Attachments

☐ Revised SOP / Protocol

☐ Layout / shielding information

☐ Training records

☐ Inventory information

☐ Other: _____

SECTION 5 – RSO/RSC Review and Approval

1. RSO Review

☐ Approved

☐ Approved with conditions

☐ Additional information required

☐ Not approved

Conditions/comments: _____

Approved effective date: _____

RSO signature: _____ Date: _____

Printed Name: _____

2. RSC Review, if required

☐ Approved

☐ Approved with conditions

☐ Not approved

☐ Not applicable

Conditions/comments: _____

RSC Chair / Representative: _____

Signature: _____

Date: _____