

RAS FORM 12

NOTIFICATION OF INACTIVE AUTHORIZED USER STATUS / REQUEST FOR REACTIVATION OF AUTHORIZED USER STATUS

1. Authorized User:_____

2.	Department:	
3.	Isotope/activity and identification numbers of all materials remaining in possession during inactive status:	
4.	Location of radioactive materials / radiation producing machine:	
5.	Date on which inactive status of Authorized User will begin (to inactivate only:	
6.	Date on which reactivation of Authorized User status will begin (to reactivate only):	
7.	Discontinue dosimetry services for the following individuals until Authorized User status is reactivated:	
•	Do not use radioactive materials / radiation producing device during a period of declared inactive status.	
•	Wipe test radioactive material storage areas every six months and report results to the Environmental Healt Office during periods of declared inactive status (NOT required for Radiation Producing Device or areas wher materials are no longer stored).	
•	Submit a second copy of this form to reactivate Authorized User status before resuming use of radioactiv radiation producing device.	e materials /
•	Submit UNC Charlotte RAS FORM 2 to resume dosimetry services.	
Au	thorized User certifies that all information contained herein is true and correct to the best of his or her knowledg	je.
Auth	norized User: Print: Signature: Date: _	
Ra	diation Safety Officer authorizes Applicant to utilize radioactive materials and certifies review of this RAS-12 Ap	plication:
Radi	iation Safety Officer: Date:	_