

# APPLICATION FOR RESPONSIBLE ADMINISTRATOR OF FIXED RAM CONTAMINATED SPACE

New application/reapplication     Amendment to Responsible Administrator Authorization # \_\_\_\_\_

## 1. APPLICANT INFORMATION

(Last Name)	(First Name)	(Middle)	(Maiden)
	<input type="checkbox"/> F <input type="checkbox"/> M		
(Employee Number)	(SEX)	(Birthdate - MM/DD/YY)	
Title: <input type="checkbox"/> Department Chair for _____ <input type="checkbox"/> (Other) _____			
Institution: <input type="checkbox"/> UC <input type="checkbox"/> CCHMC <input type="checkbox"/> SHC    Office Location: _____    ML: _____			
(Email)	(work phone number)	(home phone number)	

## 2. LOCATIONS and SUSPECTED CONTAMINATE(S)

Location		Contaminate Radionuclide(s)	Location		Contaminate Radionuclide(s)
Building	Room Number		Building	Room Number	

## 3. ATTESTATIONS

**As the Responsible Administrator**, I understand that I (or my successor) assume the ultimate fiscal responsibility for costs associated with decommissioning the fixed contamination. These costs include, but may not be limited to, those associated with removal of the contaminated area and disposal of the associated generated waste. In addition, until the contamination is removed, I understand I am responsible for assuring Radiation Control and Safety Program requirements are complied with within the room where the fixed contamination is located and these requirements include, but may not be limited to, assuring no food or drink and no eating, drinking, smoking or application of cosmetics occurs in the designated room(s), and ensuring both the room and the fixed contaminated area(s) retains “caution radioactive material” postings. Also, I am required to inform the Radiation Safety Office in a timely manner of any construction or remodeling plans in the room or that may affect the fixed contamination, and to notify the Radiation Safety Officer of any changes in my responsibilities that could affect my Responsible Administrator authority. Annually, I will be expected and must acknowledge continuation of my responsibility as a Responsible Administrator in writing to the Radiation Safety Office.

\_\_\_\_\_  
DEPARTMENT/DIVISION CHAIR SIGNATURE

\_\_\_\_\_  
DATE

### *RSO REVIEW AND APPROVAL IN NAME OF RSC*

RSO: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: