



RAM Authorization Update

Instructions

This form is used to request changes in any of the following:

- Location of use
- Radioactive materials users
- Possession/annual limits
- Compounds used
- Waste generated.

Complete all applicable fields. Save a copy and email completed form to radappNH@ucdenver.edu.

Note: If changes apply to more than one authorization, separate numbers with commas.

Authorization Information

Principal Investigator _____ PI phone _____

Authorization Number _____ Isotope _____

Requestor _____ Requestor phone _____

Authorization Updates

1. Location of use

Add building and room number _____

Delete building and room number _____

2. Radioactive materials users

Add users _____

Delete users _____

3. Limits

Possession Annual Shipment

Radionuclide _____ New limit (mCi) _____

4. Compounds

Add _____

Delete _____

5. Waste Generated

Waste Type	Volume generated/ month	Total radioactivity	Requires disinfectant (10% bleach)
Dry solids	cubic feet	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Aqueous	liters	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Non-hazardous scintillation vials	# of trays	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Hazardous scintillation vials	# of trays	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Biological (non-carcass)	Solid: _____ cubic feet	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Biological (carcass)	cubic feet	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Organic (mixed waste)	liters	%	<input type="checkbox"/> yes <input type="checkbox"/> no
Other		%	<input type="checkbox"/> yes <input type="checkbox"/> no