

**APPLICATION FOR AMENDMENT OF AUTHORIZATION**  
University of Hawaii

- 1. Principal Investigator Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_
- 3. Department: \_\_\_\_\_ 4. Auth. No.: \_\_\_\_\_
- 5. Building & Room No.: \_\_\_\_\_ 6. Phone No.: \_\_\_\_\_
- 7. Proposed Amendment(s): Check what type of amendment and select add or remove if applicable.
  - Add / Remove Authorized user(s): \_\_\_\_\_
  - Add/ Remove Isotope(s): \_\_\_\_\_
  - Add / Remove Laboratory: \_\_\_\_\_
  - Close out request – Bldg. & room number: \_\_\_\_\_
  - Other: \_\_\_\_\_

**NOTE:**

If you are adding new authorized users, please submit a Statement of Training, Form RSP-2, for each new worker. Please ensure that these new workers have attended the UH Radiation Safety Initial Training Class. If they need dosimeters, please submit an RSP-7, Request for Personnel Dosimetry.

If you are adding a new lab to your authorization, please submit a floor plan and mark restricted and unrestricted areas, show location of equipment, fume hoods (indicate date of last EHSO certification, radioactive material and waste storage areas, sinks, and describe security measures to be taken.

If you are deleting a laboratory from your list of authorized locations, please call RSP to perform a closeout survey of that lab in addition to submitting this form.

**Signature of Principal Investigator:** \_\_\_\_\_

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Committee Action Taken: \_\_\_\_\_

Remarks: \_\_\_\_\_

Recommended for Approval: \_\_\_\_\_  
Radiation Safety Officer Date

Amendment Approved: \_\_\_\_\_  
Chair, Radiation Safety Committee Date