



**ANNUAL REVIEW FOR USE AUTHORIZATIONS  
INVOLVING RADIATION  
RADIATION SAFETY COMMITTEE (RSC)**

RSC Use Authorization Number:  Amendment Number:

Date:  Prior Approval Dates:

Title:

Faculty Operator or Authorized User:  Facility Coordinator:

Department:  Dept. Chair:

An annual review is required to comply with Institutional policies and Government rules and regulations for activities involving the use of radiation. Please answer the following questions, including the annual review summary, and return the completed, signed form to the Radiation Safety Officer, 047 Bio Sci II Bldg. The Use Authorization will be terminated and the RSC notified if the review is not returned within 30 days. For questions, contact Environmental Health and Safety or email: [ehs@wright.edu](mailto:ehs@wright.edu)

**Do you wish to continue this Use Authorization?**  Yes  No – Please Terminate

- If yes, please respond to A through E below:

A. Complete the attached Annual Review Summary by addressing the below questions and describing all activities associated with this Use Authorization during the past year.  
\*If Yes, be sure to describe in the Annual Review Summary. Attach additional pages, as needed.

B. Have there been changes in leadership or responsibility since the last review?  Yes  No

C. Have there been any health or safety-related incidences since the last review?  Yes  No

D. Have all operators or users completed appropriate training, including refreshers and machine-specific training?  Yes  No

E. Have you made any changes in procedures to modify:

- The type of radiation being used?  Yes  No
- The experimental design?  Yes  No

▪ Animal Use?  Yes  No AUP No.:

▪ Human Subjects?  Yes  No IRB No.:

\_\_\_\_\_  
Signature of Faculty Operator or Authorized User

\_\_\_\_\_  
Date

## RADIATION SAFETY COMMITTEE (RSC) ANNUAL REVIEW SUMMARY

Please provide responses in each of the sections below:

- Activities associated with this Use Authorization during the past year - include each piece of Radiation-Generating Equipment and Radioactive Isotope in this section:

RADIATION-GENERATING EQUIPMENT	ACTIVITY	RADIOISOTOPE

- Description of any changes made by amendment over the past year (personnel, procedural, new equipment, etc.):

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- Description of any health or safety incidents:

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- List all personnel on your Use Authorization in the below table and include dates of relevant training:

NAME OF PERSONNEL	DATE OF RADIATION SAFETY TRAINING (Initial or Refresher)	DATE OF MACHINE SPECIFIC TRAINING (Radiation-Generating Equipment)