

Advanced Technology Research Facility

Monthly Non-Use Certification

ATRF Radiation Safety Office

Radiation Program _____

I certify that the above Radiation Program did not possess any radioactive material (stock vials, samples or waste), nor perform any radioactive material manipulations during the month of _____ (month and year). This certification replaces the monthly survey requirement if pre-approved by the Radiation Safety Office. Please complete and return to the Radiation Safety Office no later than 5 business days after the last day of the above-stated month.

Principal Investigator/Radiation Area Supervisor Signature

Date

Print name

You must send a copy of this certification to the Radiation Safety Office, Building 426 **and** retain a copy to replace your required monthly survey records in the laboratory. **Failure to do so may result in closure of your radiation program.**

Dormant Radiation Programs must receive formal approval from the Radiation Safety Office prior to returning to active status and possessing radioactive material.