

MICHIGAN STATE UNIVERSITY

Declaration of Principal Investigator Absence Radioactive Materials

Principal Investigator: _____

Email: _____

Radiation Use Location(s): _____

Anticipated dates of Absence: _____ to _____

I acknowledge my absence will exceed 60 days and I appoint the following Principle Investigator¹ to assume the responsibility for the correct usage and management of radioactive materials during my absence.

Designated PI: _____

Designated PI's email: _____



Vice President for Research and Graduate Studies

Office of
Environmental
Health & Safety

4000 Collins Rd, Suite B20
Lansing, MI 48910

517-355-0153
Fax: 517-353-4871
ehs.msu.edu

MSU is an affirmative-action,
equal-opportunity employer.

I understand that the designated PI must agree to assume this responsibility prior to my absence.

I understand that during my absence shipments will still be logged under my inventory, but all oversight will be conducted by the appointed individual.

I understand that I must submit a new form if my absence extends beyond the indicated dates.

PI Signature

Date

RSO Signature

Date

Completed form must be submitted to the Radiation Safety Officer prior to anticipated absence.

¹ An alternate principal investigator with the appropriate approvals must be designated.