MICHIGAN STATE
UNIVERSITY

Declaration of Principal Investigator Absence

Radiation Producing Equipment

Principal Investigator: _____

Email: _____

Radiation Producing Equipment Location(s): _____

Anticipated Dates of Absence: _____ to _____

I acknowledge my absence will exceed 60 days and I appoint the following Principle Investigator[1] to assume the responsibility for the correct usage and management of radiation producing equipment during my absence.

Designated PI: _____

Designated PI's email: _____

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

I understand that during my absence all EHS correspondence regarding the Radiation producing equipment will be directed to the designated principal investigator.

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

_____ _____

Principal Investigator Signature Date

_____ _____

RSO Signature Date

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

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.

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