Application for Possession and Use of Radioactive Materials in Research

Applicant

RSD 4.1.2 Revised 10/99

Name:	Degree	:	Title:	
First MI Last		MD, Ph.D., etc.	Asst. Professor, Cha (must be a faculty po	
Department:	School:		Phone:	
Campus address:				
Radioactive Material				
Radionuclide:	Chemical F	orm:		
Physical Form: ()gas	()liquid	()sealed source	() other solid	
for sealed source: manufacture	r:		model #:	
for other solid , describe source	e (e.g., powder, activa	ted metal)		
Activity per order:	()uCi ()mCi	()Ci	Order frequency:	onthly, etc.
Activity per experiment:	()uCi ()mCi	()Ci Experin	nental frequency:	
Project Title and/or Objective				
RSD Use Only:				
Radionuclide:	Compound:	Ро	ssession Limit:	mCi
Radiation Safety Officer Approval:	-			
RSC Approval:		_ Date:	Approval No.:	
Approval Condition () yes, see attached	condition sheet	()		

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Project Description

Project duration:

Methods/Procedures: Provide step by step procedures for laboratory procedures performed with radioactive materials. (Additional pages/Reprints may be attached.)

Training: List training (formal courses) pertinent to radiation safety

Type of training	Location/institution	Duration (hours)
Principles of radiation protection		
Radioactivity measurement		
Physics & mathematics basic to use and measurement of radioactivity		
Biological effects of radiation		

Experience: List experience with radioactive materials

Radionuclide	Maximum activity used mCi	Institution	Duration of experience

Please note any special experience (e.g., iodination, phosphorylation, etc.)

Facilities

Location: List the building(s) and room number(s) where radioactive materials will be used and stored, and the proposed use of the room, e.g., counting room, storage, and laboratory use.

Building	Room No.	List of equipment used with RAM fume hood*, glove box, centrifuge, etc.	Use

*Please specify the type of fume hood (chemical, laminar, biosafety cabinet, etc)

Measuring and Protective Instrument

Analytical Radiation Detection Equipment: List the type (liquid scintillation counter, gamma counter, etc.), manufacturer, model number (if known), and location of any analytical equipment used with this protocol

Туре	Make & Model	Location

Portable Radiation Survey Instruments: List the type(s), e.g. Geiger counter, scintillation detector, ion chamber, manufacturer and model number(s) of portable radiation survey instruments available in the facility.

Туре	Make & Model	Probe Type/Model No.

Describe available shielding:

Waste: Indicate the types of waste and the disposal category that will be generated:

() Solid; () Aqueous Liquid; () Organic Liquid; Liquid Scintillation Fluids: () Regulated ()Unregulated; ()Animal Carcasses

Provide justification for use of regulated liquid scintillation fluids:

Arrangements for special problems such as carcass storage for animals.

Personnel: List the name(s) of personnel who will be working with radioactive materials under the authorization for this project and their social security number (for tracking purposes).

First name	Last name	Sex (F, M)	Temple ID#	Radiation safety training

Note: All personnel working with or near radioactive materials must register with EHS as a radiation worker and receive training.

Certification

I agree to conduct activities under the authorization for this project in full compliance with all applicable federal, state and local regulations, and EHS policies.

Signature: _____

Date: _____