

Appendix B.

**Application for Possession and
Use of Radioactive Materials in Research**

Applicant

Name: _____ Degree: _____ Title: _____
First MI Last MD, Ph.D., etc. Asst. Professor, Chairperson
(must be a faculty position)

Department: _____ School: _____ Phone: _____

Campus address: _____

Radioactive Material

Radionuclide: _____ Chemical Form: _____

Physical Form: () gas () liquid () sealed source () other solid

for **sealed source**: manufacturer: _____ model #: _____

for **other solid**, describe source (e.g., powder, activated metal) _____

Activity per order: _____ () uCi () mCi () Ci Order frequency: _____
weekly, monthly, etc.

Activity per experiment: _____ () uCi () mCi () Ci Experimental frequency: _____

Project Title and/or Objective

RSD Use Only:

Radionuclide: _____ Compound: _____ Possession Limit: _____ mCi

Radiation Safety Officer Approval: _____ Date: _____

RSC Approval: _____ Date: _____ Approval No.: _____

Approval Condition () yes, see attached condition sheet ()

Project Description

Project duration:

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

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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.)

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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)

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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

Type	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.

Type	Make & Model	Probe Type/Model No.

Describe available shielding:

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Waste: Indicate the type 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)	SS#	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: _____