



APPLICATION TO USE RADIOACTIVE MATERIALS

Name of applicant (degree): _____ Date: _____

Faculty rank: _____ Dept.: _____

Office/room #: _____ Mail code: _____ Phone: _____

This form is for principal investigators wanting to be authorized for work with radioactive materials. The authorization process includes the completion of this application, a cursory examination by the radiation safety officer, and finally authorization granted by a majority of the radiation safety committee members. For further information refer to the radiation safety manual.

A. Training:

Describe the type of radiation safety training previously received by the applicant. Understand that regardless of previous experience, all investigators will be required to attend TSRI radiation safety training course and pass the accompanying written test.

	On the job training	Formal training course/class
General Radiation Safety:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Survey Techniques & Instrumentation:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

B. Experience:

Indicate the applicant's previous experience working with radioactive materials.

Previous institute: _____ Dates: _____

Describe the radioactive material procedures and techniques used by the applicant. Include the radionuclides, amounts (uCi, mCi, or Bq), and the labeled compounds previously used.

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C. Staff:

Please list the names of all individuals who intend to work with radioactive materials under your radiation use authorization (RUA). Attach a "Dosimetry Evaluation Form" for **EACH** individual listed.

Name (First, Last)

Name (First, Last)

D. Locations:

Provide a description of your facilities and attach a detailed sketch of the lab. Areas where radioactive materials are to be used or stored should be highlighted or otherwise noted on the map.

Room Numbers: _____ [Attach a floor plan/sketch]

Security Measures: Describe the mechanism by which you will assure that radioactive materials are maintained secured from unauthorized use/possession.

E. Radionuclides to be used:

[Attach additional pages as needed]

Radionuclide	Radiolabeled compound	Activity per experiment	Total possession limit
<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Describe the procedures for the use of each radiolabeled compound requested.

Personal protective equipment to be used: _____

Radiation shielding to be used: _____

Contamination survey instrument/method: _____

Radionuclide	Radiolabeled compound	Activity per experiment	Total possession limit
<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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Contamination survey instrument/method: _____

Radionuclide	Radiolabeled compound	Activity per experiment	Total possession limit
<input type="text"/>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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Radionuclide	Radiolabeled compound	Activity per experiment	Total possession limit
<input type="text"/>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Describe the procedures for the use of each radiolabeled compound requested.

Personal protective equipment to be used: _____

Radiation shielding to be used: _____

Contamination survey instrument/method: _____

F. Animal Use:

Will radioactive materials be administered to or on animals? YES NO

If yes, complete and attach an “Administration of Radioactive Materials to Animals” amendment request form. You will also need to contact the IACUC for approval of any work involving animals.

Applicant’s Signature: _____	Date: _____
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FOR EH&S USE ONLY		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
RSO Signature: _____	Date: _____	