



Proposed Use of Radioactive Materials (Sealed)

Please fill out completely and return to EHS at zip 019

Applicant's Name: _____ Date: _____

Department: _____ Zip: _____

Are you an authorized user? Yes No

Authorized nuclide(s): _____

Authorized compound: _____

Experiments will be conducted from: _____ to _____
(Date) (Date)

Name of building & room where experiment will be conducted: _____

Radionuclides and form (button source, fiesta ware, etc...) to be used: _____

Type of experiment: _____

Anticipated exposure levels to personnel during each run: _____

How will radionuclide be stored when not being used in experiment? _____

Will radionuclide be transported?

a) Out of building? Yes No b) Off campus? (field exp, etc.) Yes No

If so, where: _____

Type, model, and serial number of nuclear detection instruments used for gathering data: _____

Number of students involved: _____

What training in health physics have/will students receive(d)? _____

Will students be supervised at all times? Yes No

If no, explain qualifications of student(s) to work unsupervised: _____

How will exposure to radiation be maintained As Low As Reasonably Achievable (ALARA)? (meters, badges, shielding, etc.) _____

Approximate termination date of proposed use: _____

What records do you keep? _____

List the names of all individuals involved in the project. Please indicate "E" for University faculty/staff and "G" for graduate student.

E/G	Name	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Procedure for monitoring personnel and work area: _____

How will radionuclide be limited to experimental area? _____

How will access to radiation area be limited? _____

Type, model, and serial number of survey instruments to be used: _____

Signature: _____ Date: _____