



# Proposed Use of Radioactive Materials (Unsealed)

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: \_\_\_\_\_

Authorized compound: \_\_\_\_\_

Experiments will be conducted from: \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date)

Name of building & room where experiment will be conducted: \_\_\_\_\_

Type of experiment: \_\_\_\_\_

How have you calculated for how much radionuclide to use for each run and number or runs? \_\_\_\_\_

Maximum activity of material handled during each run: \_\_\_\_\_

How will time, distance, and/or shielding be used to limit exposure to personnel (ALARA)? \_\_\_\_\_

How will radionuclide be stored until experiment? \_\_\_\_\_

Will radionuclide be transported?

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

If so, where: \_\_\_\_\_

Procedure for introduction of radionuclide into system: \_\_\_\_\_

How will samples be taken? (use of pipette controls, etc.) \_\_\_\_\_

How will contamination of personnel, counter surfaces, etc. be avoided? \_\_\_\_\_

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 checked? (dosimeters, badges, etc.) \_\_\_\_\_

Approximate termination date of proposed use: \_\_\_\_\_

What records do you keep (waste logs, etc.)? \_\_\_\_\_

List the names of all individuals involved in the project. Please indicate "E" for University employee and "S" for student (if experiment is for a scheduled class, a copy of the class registration list is sufficient).

E/S	Name	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Procedure for monitoring personnel and work area: \_\_\_\_\_

Procedure for decontamination of personnel and work area: \_\_\_\_\_

How will radionuclide be limited to experimental area? \_\_\_\_\_

Procedure for spills: \_\_\_\_\_

How will access to radiation area be limited? \_\_\_\_\_

Will use of fume hoods occur be required?  Yes  No

Do you expect to generate Mixed Waste (chemical waste that is also radioactive)?  Yes  No

Methods for collection, storage, and disposal of higher level wastes (experimental plants, animals, and their wastes): \_\_\_\_\_

How will contaminated glassware, trays, etc. be treated? \_\_\_\_\_

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

Date last calibrated: \_\_\_\_\_

Technique for calibration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_