



# 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 radiation levels during each run: \_\_\_\_\_

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

Will radionuclide be transported?  Yes  No

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: \_\_\_\_\_