



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: _____

Calculations for how much radionuclide to use for each run and number or runs (see attached flow sheet for some considerations and sample data): _____

Anticipated radiation levels during each run: _____

How will radionuclide be stored until experiment? _____

Will radionuclide be transported? Yes No

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? _____

List (by number) which standardized forms needed and number of copies (see Attachment 9.2 of Campus Radiation Safety Manual): _____

List the names and Social Security Numbers 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	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

Will use of fume hoods be required? Yes No

How will access to radiation area be limited? _____

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: _____