

APPLICATION FOR USE AND PURCHASE OF RADIOACTIVE MATERIALS
Part I
General Information

1. **Applicant:**

Name: _____ Title: _____

Department: _____ Phone/Ext: _____ Fax: _____ e-mail: _____

2. **Location of Use:**

Building: _____ Room #(s): _____

3. **Type of Application:** [new, modified] (circle one)

4. **Survey/Counting Equipment:** [previously reported, see below] (circle one)

<u>Manufacturer</u>	<u>Model</u>	<u>Detector type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Training and Experience of the Investigator in the Use of Radioactive Materials:**

[previously filed, attached] (circle one)

6. **Individuals Participating in This Project:** (All participants must complete the UCR *Statement of Training and Experience, General* form)

<u>Name</u>	<u>DOB</u>	<u>Social Security #</u>
_____	/ /	- -
_____	/ /	- -
_____	/ /	- -
_____	/ /	- -

7. **Storage and Disposal of Materials:**

a) Where and how will materials be stored:

b) Distance from stored materials or waste to nearest:

- i. Controlled occupied areas: _____ feet
- ii. Uncontrolled occupied areas: _____ feet

c) Maximum dose rate that will be permitted in:

- i. Controlled occupied areas: _____ mrem/hr
- ii. Uncontrolled occupied areas: _____ mrem/hr

d) Where and how will wastes be stored?

e) How will wastes be disposed of?

8. **Lab/Work Area(s):**

Make a sketch of the lab(s)/work area(s) that includes the following:

- | | |
|--------------------------------------|--------------------------------|
| a) Isotope work areas | e) Isotope storage areas |
| b) Sinks (used for washing lab ware) | f) Isotope waste storage areas |
| c) Floor drains, if any | g) Other pertinent information |
| d) Hoods | |

9. **Certification:**

I/We certify that I/we have read the UCR Radiation Safety Manual, and that all uses of radioactive materials will be in accordance with the requirements set forth therein and in this application, and that the Radiation Safety Officer will be notified before any changes are made in the use of the radioactive materials as herein described.

Applicant: _____ Date / /

Department Chair: _____ Date / /

To save time, be certain that all information is provided and obtain all necessary signatures

SEND COMPLETED APPLICATION TO EH&S RADIATION SAFETY

APPLICATION FOR USE AND PURCHASE OF RADIOACTIVE MATERIALS
Part II
Information Specific to the Procedure

1. **Applicant:**

Name: _____ Title: _____

Department: _____ Phone/Ext: _____ Fax: _____ e-mail: _____

2. **Changes in Personnel, Equipment, and/or Location:** (since the original application or most recent update. New personnel must complete the UCR *Statement of Training and Experience, General* form)

3. **This Application Involves:**

a) Nucleic acids or precursors tagged with radioactive materials? (Yes, No)

b) Animals? (Yes, No)

If "Yes", remember, approval by the UCR "Animal Research Committee" is required. Identify:

Species: _____ Number per year: _____ Activity per carcass: _____

c) Human subjects? (Yes, No)

4. **Nature and Purpose of Use:** (brief description)

5. **Duration of Use:** (e.g., months, years, indefinite) _____

6. **Radioactive Materials Used:**

<u>Isotope</u>	<u>Chemical & Physical Form</u>	<u>Activity Per Procedure</u>	<u>Possession Limit (at any one time)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Major Steps in Processing and Handling the Radioisotopes:** (include protocol)

8. **Unusual Hazards Expected:**

a) Describe: _____

b) Special precautions to be taken: _____

9. **Waste Generated:**

- a) What wastes will be generated? _____

- b) How will they be disposed of? _____

10. **Equipment Used:**

- a) Indicate equipment that will be used:

<input type="checkbox"/>	film badges	<input type="checkbox"/>	survey meters	<input type="checkbox"/>	pocket dosimeters
<input type="checkbox"/>	lab bench	<input type="checkbox"/>	fume hood	<input type="checkbox"/>	shielded containers
<input type="checkbox"/>	gloves	<input type="checkbox"/>	long tongs	<input type="checkbox"/>	remote pipette
<input type="checkbox"/>	glove box	<input type="checkbox"/>	hot waste can	<input type="checkbox"/>	forced ventilation
<input type="checkbox"/>	protective covers				

- b) List any additional/specialized facilities and equipment, use drawings if necessary:

11. **Personnel Exposure:**

Expected radiation dose equivalent (rem) to the laboratory personnel handling the radioisotopes: (show calculations if appropriate)

12. **Certification:**

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Applicant: _____ Date / /

Department Chair: _____ Date / /

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