This form shall be completed and submitted to the Radiation Safety Officer (RSO). It is suggested that an electronic draft be sent for review and comment prior to obtaining the required signatures. Only upon notification of approval shall use of radioactive material be permitted.

Please type or submit this form electronically. Hand-written forms will not be accepted.

1. **Applicant responsible for possession, use, and disposal of radioactive material:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | Department: |  |  |
|  |  | | |  |  |  |  |
| Office Phone: |  | | |  | Email: |  |  |
|  |  |  |  | | |  |  |
| Campus Address: |  | | | | | |  |
|  |  | | | | | | |

1. **Address of Laboratory or place of use and storage, if different from above:**

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1. **Two laboratory contacts including daytime and after-hours phone numbers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Contact 1** |  |  | **Contact 2** |  |
| Name: |  |  | Name: |  |  |
| EID: |  |  | EID: |  |  |
| Daytime Phone: |  |  | Daytime Phone: |  |  |
| After-hours Phone: |  |  | After-hours Phone: |  |  |
| Email: |  |  | Email: |  |  |
|  |  |  |  |  |  |

1. **Name, UTEID, and title of individual(s) who will use or supervise the use of radioactive material:**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  | **EID** |  | **Title** |  |
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| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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1. **Applicant’s previous permits, authorizations, or equivalent obtained under an NRC or Agreement State license or registration:**

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| --- | --- | --- | --- | --- |
|  | **Issuing Agency/Institution** |  | **Permit Number** |  |
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1. **Radioactive material for which authorization is desired. (Be specific. List each radioactive material with the maximum quantity and chemical/physical form of each to be used in each procedure and to be possessed at any one time. Add rows as necessary):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Radioisotope** |  | **Maximum Possession Limit**  **(mCi)** |  | **Maximum Experimental Activity (mCi)** |  | **Compound** |  |
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1. **Describe, in detail, proposed uses for radionuclide(s) identified in item 6 and period of time radioactive material use is requested (use additional sheets if necessary):**

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1. **Describe procedures which will ensure radiation doses to faculty, staff and students are**

**As Low As Reasonably Achievable (ALARA):**

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1. **Describe the types of radioactive waste to be generated and radioactive waste collection and handling procedures (e.g., chemical and physical form of the waste, radioactive materials in each waste stream, other hazardous or potentially infectious materials present, total activity or concentration of radioactive material, and type of liquid scintillation cocktail used, if applicable).**

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1. **Describe personnel training and experience. Include, at a minimum, individual(s) identified in item** **4:**

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1. **Type and number of radiation detection instruments available for surface contamination and area surveys:**

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1. **Proposed personnel monitoring devices (A > 1 mCi of strong beta or gamma emitters (e.g. P-32, Na-22, Cs-137) manipulated at any time, requires a ring dosimeter; A >10 mCi of same manipulated at any time, requires ring and whole-body dosimeters):**

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1. **Clearly identify locations(s) of use and describe facilities to be used (including fume hoods, sinks, refrigerators, freezers, etc...). Include a detailed sketch of the location(s) with this application:**

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1. **Describe radiation survey procedures, methods of locating and remediating radioactive contamination, and record keeping of survey results:**

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1. **If human subjects, animals, biological materials (including recombinant DNA, human or non-human primate tissue, blood or body fluids, Select Agents or Biotoxins, or infectious agents) are to be used with radioactive materials, summarize and attach approved protocols:**

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1. **In the event of an incident, describe emergency procedures:**

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**Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |
|  |  |  |
| Dean or Department Chairperson’s Signature |  | Date |
|  |  |  |
| Reviewed, Radiation Safety Officer’s Signature |  | Date |

Adobe digital signatures are acceptable.