

# APPLICATION FOR USE OF RADIONUCLIDES

**INSTRUCTIONS:**

This form shall be completed and signed by the applicant. The applicant should obtain their Department Chair's signature, then forward to the Radiation Safety Officer at Box 19257. The Radiation Safety Officer will present the application for approval to the Radiation Safety Committee. This application must be approved by UTA's Radiation Safety Committee prior to initial use of radionuclides on campus.

**FORM MUST BE TYPEWRITTEN**

**Check One:**             New Applicant     Renewal     Amendment  
    Amendment Type (if applicable)     Location     Nuclide     Other

**I. USERS**

APPLICANT:		EMERGENCY PHONE:	
DEPARTMENT:		EXTENSION:	
APPOINTMENT:		EMAIL:	

- a) Provide a detailed description of the training and experience of the applicant related to the use of radionuclides (attach additional sheets if necessary):

- b) Name of Person Responsible for proper use of material (if different than applicant):

- c) Names of users (in addition to applicant) of radioactive materials:

Name	Training Completion Date	Name	Training Completion Date

**II. DESCRIPTION OF PROJECT**

a) Location (building, room number(s)) of project:

b) How much time do you anticipate the project will require (ongoing, months, years)?

c) What equipment (laboratories, hoods, sinks, storage facilities, etc.) is required for the project?

d) Provide a DETAILED description of the project (attach additional sheets if necessary.)

**III. RADIOACTIVE MATERIAL USED**

Radionuclide	Physical Form (i.e., Liquid, Sealed Source, etc.)	Maximum Possession Limit (uCi)	Maximum Quantity to be Used at any One Time (uCi)

**IV. SAFETY MEASURES** (attach additional sheets if necessary)

a) Where will the radioactive material be stored?

b) What safety measures will be provided to ensure employee/students are not exposed to excessive radiation?

c) Where will the radioactive material warning signs and/or labels be posted?

d) Will personnel dosimeters be needed?     Yes     No

e) What emergency procedures will be taken if an accident should occur?

f) Provide a detailed explanation of the waste disposal procedures to be followed:

g) Provide radiation survey/wipe survey procedures and frequency:

h) What radiation detection equipment will be used?

i) What security measures will be followed?

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved, Departmental Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed, Radiation Safety Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved, for Radiation Safety Committee

\_\_\_\_\_  
Date