

Application to Purchase and Use Radioactive Material

Part I

General Information

1. **Applicant:**

Name: _____

Department: _____ Phone: _____ Fax: _____

E-mail Address: _____

2. **Location of Use:**

Building: _____ Room #'s: _____

(List ALL locations where radioactive material will be used or stored)

3. **Type of Application:**

New Application Modification to a current application (see attached "Amendment")

4. **Survey and Counting Equipment:**

(Indicate all instruments to be used for contamination surveys and counting samples)

Thin-Window Gieger-Mueller Tube

Manufacturer: _____

Model and Serial Number: _____

Date of Last Calibration: _____

NaI Scintillation Portable Survey Meter

Manufacturer: _____

Model and Serial Number: _____

Date of Last Calibration: _____

Liquid Scintillation Counting Unit

Manufacturer: _____

Model and Serial Number: _____

Date of Last Calibration: _____

Does the instrument have calibrated radioactive "Reference Standards"?

Yes No

If "Yes", please provide the information below:

Reference Standard # 1 Radioisotope: _____

Activity: _____

Calibration Date: _____

Reference Standard # 2 Radioisotope: _____

Activity: _____

Calibration Date: _____

Reference Standard # 3 Radioisotope: _____

Activity: _____

Calibration Date: _____

5. Training and Experience of the Principal Investigator

Please complete a separate: "Training and Experience Form" detailing your background in using radioactive materials. Attach the form to this application.

6. Individuals Participating in This Project

<u>Name</u>	<u>Date of Birth</u>	<u>Soc. Sec. #</u>	<u>Gender</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Laboratory and Work Areas

Please attach a sketch of the laboratory floor plan that includes the following:

- Radioisotope work areas
- Sinks (used for washing lab ware)
- Floor drains (if any)
- All Biological Safety Cabinets
- Radioisotope storage areas
- Radioactive waste storage locations
- All fume hoods

8. Certification

I certify that all individuals involved with the projects for which this application is being submitted will be appropriately trained in the proper laboratory procedures to conduct this research. Training shall include the safe handling of radioactivity with respect to the projects for which this application applies and that all uses of radioactive material shall be in accordance with the requirements set forth by university policy and the State of California. I further agree to notify the Radiation Safety Officer before any changes are made in the use of radioactive materials as described in this application.

Applicant: _____

Date: _____

Department Chair: _____

Date: _____

Radiation Safety Officer
Actions/Comment

Radiation Safety Committee:
Actions/Comment

Application Approved Application Denied

Radiation Safety Committee Chairperson: _____

Radiation Safety Officer: _____

Date: _____