



Application for Possession & Use of Radioactive Materials &/or Machine-Produced Radiation Use, Excluding Human Use

Instructions: Complete this form when applying for radioactive materials &/or machine-produced radiation use, excluding human use.

Name: _____ Department: _____

Principal Investigator (PI): _____

Building: _____ Room #: _____

For Possession & Use of Radioactive Materials, Excluding Human Use:

1. Specify radioactive material requested (check and complete the sections below):

Radionuclide	Chemical Form	Total Amount for 1 Year (Millicuries)	Maximum Per Shipment (Millicuries)
<input type="checkbox"/> ³ H	Any (Except Below)	_____	_____
<input type="checkbox"/> ³ H	Na/K-Borohydride ⁽¹⁾	_____	_____
<input type="checkbox"/> ³ H	H ₂ or H ₂ O ⁽¹⁾	_____	_____
<input type="checkbox"/> ¹⁴ C	Any	_____	_____
<input type="checkbox"/> ²² Na	Any	_____	_____
<input type="checkbox"/> ³² P	Any	_____	_____
<input type="checkbox"/> ³³ P	Any	_____	_____
<input type="checkbox"/> ³⁵ S	Any	_____	_____
<input type="checkbox"/> ⁴⁵ Ca	Any	_____	_____
<input type="checkbox"/> ⁵¹ Cr	Any	_____	_____
<input type="checkbox"/> ⁸⁶ Rb	Any	_____	_____
<input type="checkbox"/> ¹²⁵ I	Any (Except NaI)	_____	_____
<input type="checkbox"/> ¹²⁵ I	NaI ⁽²⁾	_____	_____
<input type="checkbox"/> ¹³¹ I	Any (Except NaI)	_____	_____
<input type="checkbox"/> ¹³¹ I	NaI ⁽²⁾	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

2. Describe the purpose for which the material is to be used: _____

3. Indicate provisions for storage and handling (check ✓ all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Designated Waste Containers | <input type="checkbox"/> Pipette Filling Devices |
| <input type="checkbox"/> Disposable Gloves | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Absorbent Pads | <input type="checkbox"/> Long-Handled Devices |
| <input type="checkbox"/> Chemical Fume Hood(s) | <input type="checkbox"/> Protective Shields |
| <input type="checkbox"/> Glove Box | <input type="checkbox"/> Shielded Storage Area(s) |
| <input type="checkbox"/> Other; Specify _____ | |

For Machine-Produced Radiation Use, Excluding Human Use:

4. Indicate the type of Non-Licensed Source (check ✓ all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Medical – Bone Densitometer | <input type="checkbox"/> Dental |
| <input type="checkbox"/> C. T. | <input type="checkbox"/> Industrial X-Ray |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Accelerator |
| <input type="checkbox"/> Other; Specify _____ | |

5. Complete the following for the indicated source above:

- | | |
|-------------------------|-------------------------|
| Make: _____ | Make: _____ |
| Model: _____ | Model: _____ |
| Serial #: _____ | Serial #: _____ |
| Calibration Date: _____ | Calibration Date: _____ |

For All:

6. Indicate the Louisiana Department of Environmental Quality Registration #: _____
7. Indicate the Louisiana Department of Environmental Quality Registration # Expiration Date:

8. Specify Locations of storage and use, including Building and Room(s): _____
-

9. Verify that required radiation detection instrumentation is available (check ✓ all that apply).

<input type="checkbox"/> Survey Instrumentation for Monitoring	<input type="checkbox"/> Device for Wipe-Test Assays (LSC or NaI)
Make: _____	Make: _____
Model: _____	Model: _____
Serial #: _____	Serial #: _____
Calibration Date: _____	Calibration Date: _____

10. Indicate how the material is to be used (check ✓ all that apply).

In Vitro In Vivo

11. List the names of all individuals who will work with the material requested in this application.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. Verify that all individuals listed above have completed training in accordance with the UNO Radioactive Materials Management Guidelines. Copies of training materials and signed verifications of trainings have been sent to the Radiation Safety Officer at labsafety@uno.edu (check ✓ to confirm).

Confirm

13. Verify that all radioactive waste (except for specifically-approved drain discharge of low-level liquid waste) will be transferred to the Radiation Safety Officer for disposal (check ✓ to confirm).

Confirm

(Contact the Radiation Safety Officer at labsafety@uno.edu regarding low-level drain disposal authorization.)

14. Specify individual who will coordinate the lab radiation safety and to whom radiation safety correspondence should be sent:

Applicant Other; Specify: _____

15. Statement of Agreement:

I agree to comply with the rules and regulations governing the use of radioactive material and acknowledge that failure to conform with the regulations may result in the immediate revocation of this authorization. I will evaluate all approved procedures before using radiation to ensure that exposures will be as low as reasonably achievable (ALARA). I express my commitment to maintain exposure ALARA to all laboratory personnel, both users of radiation and those who do not use radiation in their laboratory protocols. I will ensure that persons working under my supervision are trained and educated in good radiation safety practices which contribute to maintaining exposures ALARA for all laboratory personnel.\

I certify that I have become familiar with the UNO Radioactive Materials Management Guidelines and will implement the requirements contained therein in the pursuit of this work.

Applicant Signature: _____ Date: _____

RSO Use Only	
Date Approved: _____	RSO Signature: _____
Restrictions: _____	
_____	Expiration Date: _____