

Appendix 2

Ohio University

Project No. _____

APPLICATION FOR PERMISSION TO OBTAIN AND USE RADIOACTIVE ISOTOPES

Isotope(s) to be used/stored in:

Department _____ Building _____ Room/Lab _____

Staff member in charge:

<u>Name</u>	<u>Age</u>	<u>Accumulated Dose</u>
_____	_____	_____

Telephone: _____

Training: _____

Office _____

Radiation Courses/Orientations (Please Give Detail) which you have taken (need hours for orientation/ courses): _____

Home _____

Experience of Staff Member in Charge: (Not required if previous application is on file)

Isotopes Used Activity (µci) Per Experiment or Total? Total Time & Dates Working with Isotope

Personnel - Whom Staff Member In Charge Will Supervise:

<u>Name</u>	<u>Age</u>	<u>Accumulated Dose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Isotope(s) You Will Use For This Procedure:

<u>Isotope</u>	<u>µCi *</u>	<u>Radiations</u>	<u>Energy</u>	<u>T_{1/2}</u>	<u>Physical State</u>	<u>Chemical Form</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Radioactive daughters _____

*identify total possession limit desired, considering accumulated stock, waste, etc.

Sealed source? (not to be removed from container) _____ Yes _____ No

If sealed, frequency of test for integrity of seal

Physical Security Of Source: Access limited to authorized personnel only? _____ Yes _____ No
(If answer is *no*, explain on separate sheet)

External Hazard Evaluation: (*see Radiation Safety Handbook*)

1. Millirem/hr. at 1 meter:
2. Shielding required for 2 1/2 millirem/hr. at working distance:
3. Shielding to be used:
4. Radiation level expected in storage place:

Facility Selection Criteria - See "Radiation Safety Handbook," Appendix 7):

_____ Category A _____ Category B _____ Category C

A description of the isotope(s) is to be included. The approximate duration of the experiment, procedures to be used, chemical reactions, the amounts and kinds of radioactive wastes, waste handling, an emergency plan and other additional clarifying statements are to be included with the description of use. (See Radiation Safety Handbook, Appendix 3, II. for a guide to completing description of use".)

_____ Please check if radioactive liquid waste to be disposed of in the sanitary sewer is soluble and/or dispersible biological material as per _____
[List source, i.e. vendor (ICN, NEN, AMERSHAM), CRC (Chemistry Handbook), etc.]

I affirm that the foregoing facts are correct to the best of my knowledge and that I shall conduct and/or supervise the described work with full regard for the safety of those engaged in the work and of the general public.

Signed _____, Applicant Date _____

I have personally reviewed this application with the applicant, have examined the laboratory in which the experiments are to be performed, (will - *will* not) observe a "cold" run, and recommend that approval be (granted - denied) for the obtaining and using of the requested material *provided that the attached recommendations are followed.*

Signed _____, R. S. O. Date _____

The University Radiation Committee (grants - denies) permission to obtain the requested material and to use it as described in this application.

Signed _____, Chair Date _____
Ohio University Radiation Safety Committee