

APPLICATION TO USE RADIOACTIVE MATERIALS

PERSONAL DATA OF APPLICANT

DATE OF APPLICATION: ____/____/____

APPLICANT'S NAME: _____

DEPARTMENT: _____

WORK PHONE: _____

HOME PHONE: _____

JOB TITLE: _____

PREVIOUS WORK EXPERIENCE WITH RADIOACTIVE MATERIALS

(include all formal training in the safe use of radioactive materials).

Date	Facility	Radionuclides Used and Description of Work

RADIOACTIVE MATERIALS REQUESTED

UNSEALED SOURCES

<u>RADIONUCLIDE</u>	<u>POSSESSION LIMIT REQUESTED [specify limits]</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SEALED SOURCES

<u>RADIONUCLIDE</u>	<u>POSSESSION LIMIT REQUESTED [specify limits]</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Maximum exposure rate on contact with any of the above _____ mR/hr.

Maximum exposure on contact with storage container _____ mR/hr.

Maximum exposure rate 1 meter from any of the above _____ mR/hr.

LABORATORY DATA (complete a separate sheet for each lab to be posted)

BUILDING: _____ **ROOM:** _____

LIST RADIONUCLIDES THAT WILL BE USED IN THIS ROOM:

CHECK EACH ITEM BELOW THAT WILL BE USED WITH RADIOACTIVE MATERIALS

Fume Hood	_____	Glove box	_____
Incubator	_____	Beta Shield	_____
Refrigerator	_____	Water bath	_____
Freezer	_____		

What type of surface is on the bench top(s) where radioactive materials are used?

What type of floor covering is used in the lab? _____

Will a sink in the room be designated for disposal of radioactive materials or for cleaning contaminated glassware? _____

Will students/faculty/staff have office space in the laboratory? _____

Will this lab be shared with other faculty or staff members that will not be using radioactive materials? _____

(If any question below is answered no, attach a brief justification)

Will floor mats be used? _____

Will bench tops be covered with absorbent paper? _____

Is the room maintained at negative pressure with respect to adjacent rooms? _____

Is the room keyed to limit access to personnel authorized by the Radiation, Chemical, and Laboratory Safety Committee to use radioactive materials? _____

Are designated radioactive materials work areas clearly labeled with "radioactive material" tape? _____

TRAINING NEEDS ASSESSMENT

(Applicant must be included on this sheet)

LIST ALL PERSONNEL AND STUDENTS THAT WILL WORK IN THE LAB(S)

Name	Date of Birth	Will this person use radioactive materials

EACH PERSON LISTED MUST ATTEND A SAFETY SEMINAR AND COMPLETE A PREVIOUS EXPOSURE HISTORY QUESTIONNAIRE.

SUMMARY OF EXPERIMENTS INVOLVING RADIOACTIVE MATERIALS

Attach a brief discussion of the experiments that will be performed with each radionuclide requested.

Attach a list of radioactive waste that will be generated.

Will radioactive materials be subject to high temperature or pressures? _____

Will any radioactive compound used be a gas at room temperature? _____

Will any radioactive materials have to be transported through a nonrestricted area to complete an experiment? _____

Will any gaseous radioactive byproducts be produced in an experiment? _____

Is a survey meter available in the lab? _____

If, yes give the manufacturer, model number, and type of probe(s) used.

Indicate the protective equipment that will be used by personnel and students when radioactive materials are used.

Plastic gloves	_____	Lead lined gloves	_____
Aprons	_____	Lead lined apron	_____
Lab Coat	_____	Coveralls	_____
Shoe covers	_____	Safety Visor	_____
Safety glasses	_____	Respirator	_____
Other	_____	Other	_____

RADIATION DOSIMETRY

High energy beta emitters, gamma emitters, and x-ray emitters generally require the use of approved dosimetry. Consult the *Radiation Safety Manual* or contact the Radiation Safety Office before completing the section below.

Indicate the dosimetry that will be used by lab personnel/students below:

Film badge (beta, gamma, x-ray)	_____
Film Badge (beta, gamma, x-ray, fast neutron)	_____
Ring Badge	_____
Other _____	_____

APPROVAL SHEET

I certify that, if I am approved to use radioactive materials at Mississippi State University, (1) I will comply with the *Radiation Safety Manual*, (2) Applicable regulations in the *Regulations for Control of Radiation in Mississippi*, and (3) the information provided in this application.

Signature of Applicant: _____ Date: ____/____/____

I have reviewed this application and the *Radiation Safety Manual*. I am aware of the activities of the applicant as described in this application and understand that I am responsible for the safe execution of these activities.

Department Head : _____ Date: ____/____/____

(CVM personnel must obtain the Dean's signature.)

The University Radiation, Chemical, and Laboratory Safety Committee has reviewed your application. The terms and conditions listed below must be reviewed and implemented. If you have any questions contact the Radiological Safety Officer.

_____, Chairman
University Radiation, Chemical, and Laboratory Safety Committee

----- RSO & NEC USE -----

Cold Run Observed? _____ Initial & date ____/____

Interim Approval Granted? _____ Initial & Date ____/____ & ____/____/____