APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Return this completed form with a copy of current curriculum vitae to the Radiation Safety Office. Questions regarding this form may be addressed to the Radiation Safety Office at 940-565-3282.

Instructions

* Approval is required for the use of any radioactive material on the ground of University of North Texas
* Individual responsible for the use of radioactive material or procurement is referred to as the Principal Investigator (PI). This individual is required to fill out and sign the “APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS” form.
* Only full-time members of the Academic Faculty will be approved as a Principal Investigator of radioactive material.
* Name of Authorized Users (AU) who will be responsible for ensuring the safe use of radioactive material in the absence of the PI must be included on the application.
* List each AU who will be working with radioactive material under the supervision of the PI. A completed statement of training and experience must be attached for each individual.
* Each Authorized Users (AU) working with radioactive material MUST complete University of North Texas Radiation Safety Training course before the use of licensed material.
* List each physical place where radioactive material will be used or stored. This should include the building(s) and room number(s).
* Please include a detailed copy of all protocol, procedures and financial assurance when applicable.
* Include a detailed description of laboratory radiation safety. This should include survey program, spill control, ALARA, dosimetry and waste program.

Applicant Information

|  |  |  |
| --- | --- | --- |
| Type of Application | Official Use Only | |
| New  Amendment  Renewal  Renewal – No Change  Transfer | Approval date: | Decision: |
| Expiration date: |

Principal Investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Last name | First name | M.I | Degree: |
|  |  |  |  |
| Building | Department | Office location | |
|  |  |  | |

Laboratory and Storage

|  |  |
| --- | --- |
| Building Location | Laboratory / Storage room numbers |
|  |  |
|  |  |
|  |  |
|  |  |

Radioisotope

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Isotope | Estimated activity per procedure (mCi) | Max. purchased Qty. (mCi) | Max. activity in possession (mCi) | Chemical/Physical Form |
|  |  |  |  |  |
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Principal Investigator Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Isotope | Max. amount used (mCi) | Name of Institution  Procedure(s) | Dates(s) chronological  From To | |
|  |  |  |  |  |
|  |  |  |  |  |
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Procedure and Protocol

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Proposed Use |  |  |  |
|  | | | |

Provide a brief description of the procedure. Include specific information on the type of waste materials that will be generated, any special equipment used to handle, shield, or contain the radioactivity, and any unusual hazards associated with the procedure. Attach additional pages if necessary.

Authorized User(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: Last, First | Degree(s) | Radiation Safety Training | Experience with RAM  From TO | |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

RAM Detection Instrument

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make | Model | Serial Number | Probe | Serial Number |
|  |  |  |  |  |
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Additional Information

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does protocol require the use of radioactive material in animals?  If YES, attach the submitted protocol approved by UNT’s IACUC Committee. |  |  |
| Does protocol require the use of biohazard material? |  |  |
| Does protocol require the mixture of radioactive material and hazardous chemicals? |  |  |
| Does the protocol require the use of X-ray Equipment or Electron Microscope? |  |  |
| Will sealed sources be used under this authorization? |  |  |
| Will gas chromatography sources containing radioactive material be used under this authorization? |  |  |
| Expected or possible other hazards from this use □ None □ Carcinogen □ Volatile □ Skin permeable  □ Flammable □ toxic □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If YES to any of the above, please attach appropriate documents | | |

Iodination

|  |  |  |  |
| --- | --- | --- | --- |
| COMPLETE THIS SECTION IF IODINATIONS WILL BE PERFORMED UNDER THIS AUTHORIZATION OR IF ANY CONTAINER OF RADIOIODINATED COMPOUNDS POSSESSED UNDER THIS AUTHORIZATION WILL CONTAIN FIVE (5) MILLICURIES OR MORE OF IODINE-125. | | | |
| MAX. Activity per container (mCi) | Physical Form | Chemical Form | Location |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| * Use of a central iodination laboratory? YES  No   If Yes, please attach written authorization for use from the Department Chair.   * Attach a copy of iodination procedure that will be followed including an estimate of the typical tagging efficiency that is expected. * Attach a list of every individual who will be performing iodination or who will be handling any container with one (1) millicurie or more of any radioiodinated substance. | | | |

Signature

|  |
| --- |
| Principal Investigator  I have received, read, understand, and agrees to abide by all the State of Texas regulations governing the use of radioactive materials. In addition, I agree to follow all the policies and procedures established by the University of North Texas and the Radiation Safety Committee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |