**University of Arkansas**

**Office of Environmental Health & Safety**

**APPLICATION FOR RADIONUCLIDE USE FORM 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **APPLICATION CLASS** | | | | | | | | | | |  | **New** | | | |  | | | | **Renewal** | |  | **Amendment** | | | | | | | | **Date** | | | | | Click here to enter text. | | | |
| **1. Title of Project** | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. InvestigatorName:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | **Department:** | | | | | | | Click here to enter text. | | | | | | | |
| **Title:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | **Phone:** | | | | | | | Click here to enter text. | | | | | | | |
| **Campus Address:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **a. Other Project Personnel (Complete supplemental training sheet for each.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | **Department:** | | | | | | | Click here to enter text. | | | | | | | |
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| **Campus Address:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | **Department:** | | | | | | | Click here to enter text. | | | | | | | |
| **Title:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | **Phone:** | | | | | | | Click here to enter text. | | | | | | | |
| **Campus Address:** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. Radioactive materials to be used:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ***Nuclide*** | | | | | | | | | | | | | | | ***Physical/Chemical Forms*** | | | | | | | | | | | | | ***Maximum amount in possession (mCi)*** | | | | | | | | |  |
|  | | Click here to enter text. | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | | | | | | | |  |
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| **4. Radionuclide usage and disposal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a. Location(s) of use:** | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b. Location(s) of storage:** | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **c. Duration of use:** | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d. Ci/experiment** | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e. Waste Disposal[[1]](#footnote-1)** | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***mCi/month and volume (gals. or lbs.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ***Nuclide*** | | | | | | ***Dry Waste*** | | | | | | | | | | | ***Liquid Scintillation*** | | | | | | ***Aqueous Liquid*** | | | | | | | | | | | ***Non-aqueous liquid*** | | | |  |
|  | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | |  |
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| **5. Description of how radionuclides will be used.** (Give special attention to procedures that have potential of contamination, e.g., centrifugation, evolution of gases, vapors, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Radiation Safety procedures to be followed, facilities, and equipment, etc.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | |
| **a. Procedures to ensure radionuclides are not lost or stolen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b. Posting and labeling practices.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **c. Contamination control measures (trays, gloves, absorbent paper, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d. Chemical fume hood availability.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e. Radiation survey meter availability.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Survey meter type** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Probe type** | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **f. Shielding devices.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **g. Personnel Dosimetry** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | **Ring badge** | | | | | | | |  | | **Body badge** | | | | | |  | | **Bioassay** | | | | | |  | | | | **Other** | | | | | | |
| **h. Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant Signature** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |

1. Review rules for radioactive waste disposal. Radiation Safety Manual, Chapter IX, <https://ehs.uark.edu/DocumentPages/RadiationSafetyManual_2010.pdf> [↑](#footnote-ref-1)