

University of Arkansas
FORM 1 - APPLICATION FOR RADIONUCLIDE USE

APPLICATION CLASS: New Renewal Amendment Date: _____

1. TITLE OF PROJECT: _____

2. INVESTIGATOR NAME: _____

DEPT.: _____

TITLE: _____

PHONE: _____

Campus Address: _____

a. Name & title of others who will work on this project (complete supplemental training sheet for each):

NAME: _____

DEPT.: _____

TITLE: _____

PHONE: _____

Campus Address: _____

3. Radioactive materials to be used:

Nuclide	Physical / Chemical forms	Maximum amount in possession (mCi)
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4. RADIONUCLIDE USAGE AND DISPOSAL:

a. Location(s) of use: _____

b. Location(s) of storage: _____

c. Duration of Usage: _____

d. Ci/experiment: _____

e. Waste Disposal ⁽¹⁾: _____

mCi/month and volume (gals. or lbs.)

Nuclide	Dry Waste	Liquid Scint.	Aqueous Liquid	Non-aqueous liquid
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Note 1: Review rules for radioactive waste disposal.

Applicant Signature: _____ Date: _____

DATE RECEIVED: _____ DATE APPROVED: _____

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continued)**

5. DESCRIPTION OF HOW RADIONUCLIDES WILL BE USED (Give special attention to procedures that have potential of contamination - centrifugation, evolution of gases, vapors, etc.):

Applicant Signature: _____ **Date:** _____

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(Form 1, continued)

6. RADIATION SAFETY PROCEDURES TO BE FOLLOWED, FACILITIES & EQUIPMENT, ETC.
(Attach separate pages as necessary).

a. Procedures to ensure radionuclides are not lost or stolen.

b. Posting and labeling practices.

c. Contamination control measures (trays, gloves, adsorbent paper, etc.).

d. Fume hood availability.

e. Radiation survey meter availability.

 . Survey meter type:

Probe Type:

f. Shielding devices.

g. Personnel Dosimetry.

_____ Ring badge _____ Body badge _____ Bioassay _____ Others

h. Other.

Applicant Signature: _____ Date: _____

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FORM 2 - TRAINING AND EXPERIENCE SUPPLEMENT (Attach to Form 1)

1. **NAME:** _____ **TITLE:** _____ **DEPT.:** _____
BIRTHDATE: _____ **SEX:** _____

2. FORMAL TRAINING:

a. List Dates and Institution(s):

b. List number of clock hours for each of the following subjects covered (20 hours total required for P.I.):

<u>Hours</u>	<u>Subject</u>
_____	Principles of radiation safety
_____	Radiation measurement, monitoring techniques and instruments
_____	Mathematics & calculations basic to use and measurement of radiation
_____	Biological effects of radiation
_____	<u>Other (specify)</u>
_____	Total hours

c. Is a copy of certification of training attached to application? _____ yes _____ no

3. EXPERIENCE WITH RADIATION SOURCES:

a. Dates and Institution(s):

b. Nuclide _____ Maximum amount (mCi) _____ Type of use _____

4. RADIATION EXPOSURE HISTORY: Give address(es) of facilities where you have been issued personnel monitoring (film badges, ring badges, other dosimeters) or where bioassays (thyroid uptake, urinalysis) have been performed. (Include dates).

Date(s) _____ Monitoring type _____ Bioassay type _____ Facility and address _____

5. CERTIFICATION: I certify that the above information is correct to the best of my knowledge and I authorize release of my previous radiation exposure history as described above.

SIGNATURE: _____ **DATE:** _____

Signature of the Departmental Chair _____ Date: _____

Name of the Departmental Chair _____