

SUNY Upstate Medical University

Radiation Safety Office

Application for Permission to Use Radioactive Materials

NOTE: In order to expedite the processing of this application, please fill in each section as completely as possible. Feel free to contact the Radiation Safety Office at x46510 if you have any questions concerning the completion of this form.

1. **Applicant:**

Name	Title	Department	Bldg.	Rm#	Phone #
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2. **Personnel:** List all workers, other than applicant, who will handle radioactive materials under your direct supervision:

Name	S. S. #	Category +	Radionuclide Experience (isotopes used)	Experience (yr.)	Approved Rad. Worker? †

+ Employee (E), Student (S), Visiting Researcher (V), Other (O).
 † Person Has Completed Radiation Safety Training at SUNY-Upstate

3. **Protective Equipment:** Check each item available to workers in your laboratory:

- | | |
|-------------------------------------|----------------------------------|
| * _____ Protective Gloves | * _____ Lab Coats |
| * _____ Absorbent Pads | * _____ Radiation Warning Signs |
| _____ Mechanical Pipettes | _____ Geiger Counter |
| _____ Ion Chamber | _____ Tongs/Forceps |
| _____ Ring Badges | _____ Film Badges |
| _____ Fume Hood | * _____ Trays |
| * _____ Shielded Storage | * _____ Beta/Gamma Bench Shields |
| _____ Skin Decontamination Items | * _____ Waste Storage Dry/Liquid |
| _____ Glove Box | |
| _____ Other (please describe) _____ | |

(* = protective items which all laboratories must have, on hand, before handling radioactive materials. Other items will be specified by the Radiation Safety Officer.)

4. **Radioactive Materials:** Please indicate each radionuclide you expect to use, the maximum activity you expect to have on hand at any one time and your estimate of the typical activities (mCi, etc.) you will use in any experiment. Also, give the form (gas, powder, aqueous, organic solution, etc.) of the stock material.

Radionuclide	Possession Limit (mCi)	Activity per Experiment	Physical Form, etc.

5. **Facilities:** List all rooms where radioactive material from your inventory will be used or stored. Attach a floor plan of each room clearly identifying areas of radionuclide use and storage. Please identify all major features of room; e.g., doors, lab benches, desks, fume hoods, centrifuges, etc.

BLDG: _____ Rm. #: _____ USE: _____

BLDG: _____ Rm. #: _____ USE: _____

BLDG: _____ Rm. #: _____ USE: _____

BLDG: _____ Rm. #: _____ USE: _____

BLDG: _____ Rm. #: _____ USE: _____

6. **Operations:** Please describe the overall scope and duration of your intended use of radioactive materials. Give sufficient detail so that your activity can be evaluated for contamination and exposure risk.

7. **Radioactive Waste**: Please estimate as completely as possible the types and amounts of radioactive waste you expect to generate.

	<u>Chemical Composition</u>	<u>Amt.(l/mo.)</u>	<u>Activity</u>
a) Organic Liquids ¹			

	<u>Chemical Composition</u>	<u>Amt.(l/mo.)</u>	<u>Activity</u>
b) Aqueous Liquids			

	<u>Species</u>	<u>no./mo.</u>	<u>Activity</u>
c) Animal/Tissue			

	<u>Type</u>	<u>lbs./mo.</u>	<u>Activity</u>
d) Dry Waste			

e) Do you plan to dispose of any aqueous liquids through the sanitary sewer?
 _____ (yes/no). If so, please indicate the radionuclide(s) involved, the estimated activity(ies) and the chemical form(s):

f) List any of the materials you wish to dispose of which are on the Environmental Protection Agency's (EPA) list of hazardous materials.

(i) microcuries (μ Ci) or millicuries (mCi).

¹ Some organic liquids may be prohibited (some liquid scintillation liquids). Others are not recommended due to disposal problems and cost. Please contact the RSO to discuss any problems.

8. **Radiation Monitoring/Measuring Devices**. Please check.

a) The type of detector(s) and measuring instruments available in your laboratory:

_____ Thin window G-M Survey meter: MFG and Model _____

_____ Low energy Sodium Iodide: MFG and Model _____

_____ Ion chamber (Cutie Pie type) survey meter: MFG and Model _____

_____ Liquid Scintillation Counter: MFG and Model _____

_____ Sodium Iodide Well Counter: MFG and Model _____

_____ Other: type: _____ MFG and Model _____

b) Describe procedures for monitoring laboratory contamination, including frequency and documentation methods:

c) Describe procedures for monitoring personnel contamination and exposure. Include frequency, equipment to be used and documentation methods:

9. **Hazard Evaluation**: Estimate the expected radiation doses to personnel from both internal and external exposure. Indicate any procedure which could produce excessive radiation exposure or contamination:

a) Internal exposure:

b) External exposure:

10. **Statement of Applicant's Training and Experience:**

a) Formal training (courses, in-services, etc.). Please give as much detail as possible and length of training.

b) On-the-job and other experiences. Please give as much detail as possible.

11. **Statement of Responsibility:**

I hereby affirm the information contained in this application is accurate to the best of my knowledge and I have received and read the current Radiation Safety Manual and agree to comply with the rules and regulations contained therein.

Signature

Date

Name, typed or printed

NOTE: This application will be reviewed and approved by the SUNY-Upstate Radiation Safety Committee which has the authority to grant permission to use radioactive materials at the Health Science Center according to License No. 47, issued by the New York State Department of Health.