

Environmental Health & Safety

Form 101 - Application for Use of Ionizing Radiation

(Use additional sheets as necessary.)

Instructions:	Submit all enclosures to the Radiation Safety Officer (RSO): Environmental Health & Safety (Mai
Code 8284).	Notify the RSO of any proposed changes in the information contained in this application.

1. Applicant	:			Title:		
Departme	ent:		Mail Code:			
Campus P	hone (Office):		Campus	npus Phone (Lab):		
2. Descriptio	on of proposed u	se:				
3. Names of	All Others in Pro	oject (designate e	employee [E] or st	tudent [S]):		
			m for each individual v	vho will actually use source(s) of	ionizing radiation.)	
I. Buildings	and rooms to be	used:				
Building:		Room:		Type of Use:		
	n a diagram of each ro		ing areas where radioa	active materials will be stored, us	ed, and waste areas.)	
5. Descriptio	on of radioactive	materials to be ι	used:			
Nuclide	Chemical	Physical	Maximum	Maximum	Maximum	
	Form	Form	mCi/Expt.	mCi/Purchase	mCi/Year	
		sealed/unsealed				
		_				
		sealed/unsealed				
		sealed/unsealed sealed/unsealed				

	Туре	Maximum kV	ing Machines to be Use Maximum mA	Manufacturer/Model #				
7.	Duration of	of Experiments:						
8.	Frequency	of Experiments:						
9.	animals o	escription of protocol for use of each radioisotope, including typical lab procedures to be utilized. If nimals or plants are to be used, please identify the amounts of radioactivity to be administered to each organism, type of organism, number of organisms per experiment, per month, and per year:						
10.	control co	ntamination of person	nnel (i.e., types of prote posures (i.e., fume hoo	b facilities, precautions to be employed to ective clothing), and the laboratory and to od, types of shielding, remote handling				
11.	. Potential compound		nment (i.e., evolution o	f gases, aerosols, or volatilization of any				
12.	scintillatio	on vials, etc.) and descr	iption of waste dispos	y solid, aqueous liquid, organic liquid, al methods (address such issues as animal rcinogens, as applicable).				
13.	•	ertify that all informat d correct to the best of	,	oplication, including any attached supplement				
plic	ant Signatı	ure:		Date:				
pari	tment Chai	r Signature:		Date:				