INSTRUCTIONS: This form is intended to be a template for completion by the applicant, followed by subsequent review by the Radiation Safety Officer, and then the Radiation Safety Committee. Please fill out all sections in sufficient detail for the Committee to determine whether the proposed authorization will comply with the provisions of the University of Idaho Radioactive Materials License (issued by the Nuclear Regulatory Commission) as implemented in the University of Idaho Radiation Safety Manual, 1996 edition.

|  |  |
| --- | --- |
| **1. Applicant Information:** |  |
| Applicant: |  |
| Department: |  |
| Address: |  |
| Phone: |  |
| FAX: |  |
| Email: |  |
| Date: |  |
| Is Applicant a U of I employee? |  |

|  |  |  |
| --- | --- | --- |
| **2. Type and Maximum Quantity of Radioactive Material(s) Requested:**  List the isotopes requested and the maximum amount of each that will be possessed at any time: | | |
| Isotope | Amount in millicuries | Chemical Form |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **3. Description of Intended Use:** | | |
| Will radioactive materials be used with live animals? |  |  |
| Describe below the intended use in sufficient detail that the Committee may determine if the intended use will meet U of I guidelines for safe use of radioactive materials. Applicant must cite protocols used in sufficient detail for committee members to understand the potential risks associated with specific uses, and the manner in which the applicant will seek to minimize those risks. Be brief (usually less than 3 pages) and do not include reprints of publications. | | |
|  | | |

|  |  |
| --- | --- |
| **4. Personnel -Training and Experience:**  Note: There may be only one Authorized User per application. All other users will be either General Supervised Users or Direct Supervised Users. | |
| Authorized User (Applicant) | |
| Name: |  |
| Degree and Institution: |  |

|  |  |  |
| --- | --- | --- |
| Has applicant completed the U of I Radiation Safety Orientation? |  |  |
| Note: All new applicants must attend the two-hour University of Idaho Radiation Safety Orientation prior to authorization. Depending on previous experience, the U of I 5-hour Radiation Safety Training Course also may be required before authorization. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorized User Training and Experience: | | | | |
| Location | Date(s) | Hours of Training  or Years of Experience | Isotope(s) | Procedures or Other Experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List all General Supervised Users (GSUs) and Direct Supervised Users (DSUs) that will work under the supervision of the Authorized User named in this application:  Note: Authorized Users must enclose a completed “University of Idaho Documentation of Radioactive Materials Training/Experience” form for each GSU requested. The form is available from the Radiation Safety Officer. For renewal applications, it is not necessary to document the training of previously-approved GSUs.  **Note:** All DSUs must attend the 2-hour UI Radiation Safety Orientation. | | | | |
| Name | User Status (GSU or DSU) | | User Training: Radiation Safety Courses taken at the U of I | |
|  | Current | Requested | Radiation Safety Orientation | Radiation Safety Training Course |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Additional information: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. LOCATION of USE and Facilities:** | | | | |
| **Location:**  Building and Room Number for each proposed location of use (on campus); address(es) or other descriptive information for off-campus uses. | **Type of Use:**  (main lab, storage,  equipment, etc.) | **Is this a**  **Multi-User Area?** | **Is this a Restricted Area?** | **Facilities:**  List type of equipment or facilities at each location (for example, fume hoods, workspace, sinks, storage facilities, refrigerator, freezer, safety shower, eye wash, access to telephone, scintillation counter.....). |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| If the facilities will **not** be designated for restricted use, explain why in detail: | | | | |
| If the facilities are approved for use by other authorizations (i.e., are considered a multi-user area) specify where the shared log will be maintained: | | | | |
| Will radioactive materials be used in the field? | | |  | |
| Will radioactive materials be transported off university property? | | |  | |

|  |
| --- |
| **6. Survey Instrumentation:** |
| List type of instrumentation used to assay counts from wipe tests, and its location: |
| List type of instrumentation used for meter surveys: |
| By signing this application I verify that I have full knowledge to use and operate the radiation detection equipment listed in this application. |

|  |  |  |
| --- | --- | --- |
| **7. Waste Disposal and Storage:**  Please review carefully U of I Radiation Safety Manual Part 340, “Radioactive Waste Disposal Procedures.” | | |
| a. | Will liquid waste be generated? |  |
|  | If so, list storage and disposal methods: | |
| b. | Will liquid waste be disposed of via the sewer system? |  |
|  | If so, specify disposal limits:  (specify maximum microcuries per month for each nuclide) | |
| c. | Will the liquid waste be disposed of by the Radiation Safety Officer (Liquid EPA hazardous waste that is radioactively contaminated must be disposed of by the RSO.)? |  |
|  | If so, will waste be segregated by isotope? |  |
| d. | Will solid radioactive waste be generated? |  |
|  | If so, list storage method: | |
|  | Will solid waste be segregated by isotope and half-life? |  |
| e. | Will biological radioactive waste (as defined by Radiation Safety Manual) be generated? |  |
|  | If so, list storage and disposal method: | |
| f. | Is the location of use outside of U of I Moscow campus facilities? |  |
|  | Additional Information: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. Safety:** | | | | |
| a. | Indicate the types of radiation that will be used: | | | |
|  | Low-energy beta |  |  | |
|  | High-energy beta |  |  | |
|  | Gamma/X-Ray |  |  | |
|  | Alpha |  |  | |
|  | Neutron |  |  | |
| b. | Indicate the form that will be used: | | | |
|  | Unsealed |  |  | |
|  | Sealed |  |  | |
|  |  | |  | |
| c. | If sealed sources will be in use, describe how sources will be properly stored and shielded: | | | |
| d. | If unsealed sources will be in use, list precautions being taken (such as the use of fume hoods, shielding, storage, personal protective equipment, etc.) to minimize exposure via common routes of entry (inhalation, ingestion, absorption, injection):  Note: Autoclaving radioactive materials is not allowed; boiling of radioactive materials must be done in a fume hood. | | | |
| e. | There is always the potential for airborne releases from the use of unsealed radioactive materials. Describe what precautions will be taken to minimize or prevent exposure to the airborne release of radioactive materials, including any type of radioactive gas releases (some examples of the types of airborne releases – opening a vial of radioactive material stock, the build-up and release of pressure when heating/boiling container of radioactive material, metabolism of radiolabeled compounds by cells and animals, etc.): | | | |
| f. | Is dosimetry monitoring required for the types of radiation used? | | |  |
| g. | Is bioassay monitoring required for the types of radiation used? | | |  |

|  |  |
| --- | --- |
| **9. Signatures:**  The following signatures are **required**.  Your application will not be considered without the proper signatures. The application must be dated.  Note: The University of Idaho Radiation Safety Manual part 300.30 is included here for reference:  “300.30 Departmental and College Responsibilities ‑ The department chair and college dean must also review and sign the application. Approval by the department chair and college dean affirms that he/she is aware of the research being conducted by the authorized user and that adequate facilities and equipment are available for this type of research. Departmental and college approval also affirms that if the authorized user is unable to pay any costs resulting from the use, acquisition, and storage of radioactive materials (e.g., resignation or termination of employment, insufficient teaching or research funding, etc.), the department and/or college has an obligation to pay these costs.” | |
|  |  |
| Applicant | Date |
|  |  |
| Department Head/Unit Administrator | Date |
|  |  |
| College Dean | Date |
|  |  |