

University of Arkansas for Medical Sciences
FORM 1 - APPLICATION FOR RADIONUCLIDE USE

APPLICATION CLASS: New Renewal Amendment Date: _____

1. TITLE OF PROJECT:

2. INVESTIGATOR NAME: _____ **DEPT.:** _____
TITLE: _____ **PHONE:** _____ **SLOT:** _____

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

NAME: _____ **DEPT.:** _____
TITLE: _____ **PHONE:** _____ **SLOT:** _____

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. Type of usage: _____ in vitro _____ animal ⁽¹⁾ _____ human
- e. μ Ci/experiment:
- f. Waste Disposal ⁽²⁾:

Nuclide	mCi/month and volume (gals. or lbs.)			
	Dry Waste	Liquid Scint.	Aqueous Liquid	Non-aqueous liquid

Note 1: Animal use requires completion of Form 3.
2: Review rules for radioactive waste disposal.

DATE RECEIVED: _____ **DATE APPROVED:** _____

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(Form 1, 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.):

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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.
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- f. Shielding devices. none required

- g. Personnel Dosimetry.
_____ Film badges _____ Ring badge _____ Bioassay.

- h. Other.

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

1. NAME: _____ TITLE: _____ DEPT.: _____
SOCIAL SECURITY NO.: _____ 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
_____	Other (specify)
_____	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) 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: _____