

Jackson State University

APPLICATION FOR AUTHORIZATION AND USAGE OF RADIOACTIVE MATERIALS

Date of Application: _____

Please complete the requested information:

1. Name of Application: _____

J# : _____

Name of Principal Investigator: _____

Title: _____

Department: _____ Office Location: _____

Telephone: _____ Fax Number: _____

Type of Authorization Requested:

____ Regular ____ Temporary (or until experienced documented)*

*If temporary authorization requested:

Supervisor: _____

Department: _____

2. Radioisotope(s) requested in this application:

Nuclide	Physical and Chemical Form	Maximum Possession Amount (mCi)

3. Radioisotopes for which previous approval was granted:
Location of previous approval:_____

Nuclide	Physical and Chemical Form	Maximum Amount (mCi)

4. Describe your formal experience handling radioactive materials, including locations, radioisotopes and amounts handled. (Add more pages if necessary)

List the radiation safety and safety training courses you have attended:

Name of Course	Location (Institution)	Mo./Yr.

5. List the location (s) where the radioactive material will be used (building and room number).

Describe the storage facilities and security for radioactive materials that will be used. (Add more pages if necessary.)

6. Describe the personnel (dosimeters) monitoring, laboratory monitoring (survey and any other) and protective equipment that will be used for each nuclide.

Dosimeters:_____

Monitoring Equipment:

Make:_____Model:_____Detector:_____

Make:_____Model:_____Detector:_____

Protective Equipment:

Lab Coats_____

Eye Protection_____

Gloves_____

Fume Hood_____

Shield_____

Type of Shield:_____

Thickness:_____

Other(Describe):_____

7. Describe the experimental procedures that will be utilized with the requested isotope. Emphasize aspects that pertain to safety issues. A brief description of materials and methods is usually adequate. (Add more pages if necessary.)

- What amount of radioactivity will be used in a typical experiment?

- What is the frequency of experiments?

8. Describe the types of waste that will be generated in this research, including physical and chemical forms. List any other hazardous constituents, such as hazardous chemical, biological hazards, etc. Identify the amounts, volumes and rates of disposal of the waste. (Add more pages if necessary.)

9. Please describe any special hazards associated with the use(s) of radioactive materials requested in this application.

Applicant's Signature: _____

Date: _____

Department Chairperson's Signature: _____

Date: _____

10. Completed by the JSU Radiation Safety Committee ONLY

Approval: _____ Disapproval: _____

Reason(s): _____

Committee Chairman's Signature: _____

Date: _____