

Authorized User _____
Department _____
Authorized User # _____
Expiration Date _____

UNIVERSITY OF NORTH DAKOTA

**APPLICATION FOR AUTHORIZATION TO POSSESS AND
USE RADIOACTIVE MATERIAL**

INSTRUCTIONS: The completed form must be typed and forwarded to the Radiation Safety Officer. Those seeking authorization should be familiar with the requirements of the Radiation Safety Handbook of the University of North Dakota. Section II of the handbook provides instructions concerning this form.

DEPARTMENT _____

- 1. Name of Authorized User** (individual who will supervise) _____
Title of Authorized User _____
Telephone number of Authorized User _____
Building where Material will be used _____

2. Individual Worker(s) Using Material:

| <i>Name</i> | <i>UND Title</i> | <i>Room #</i> | <i>Bldg</i> | <i>Telephone</i> |
|-------------|------------------|---------------|-------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

3. Radioactive Material To Be Used:

| <i>A. Isotope</i> | <i>B. Physical Form</i> | <i>C. Max. Amt</i> | <i>D. Manufacturer</i> | <i>E. Model #</i> | <i>F. Lab Rm#</i> |
|-------------------|-------------------------|--------------------|------------------------|-------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

- 4. Proposed Use:** Please submit a detailed protocol for the research project or proposed use of the material for each/all radioisotope(s), including the specific equipment and specific location where work will be conducted.

5. Are there other hazards associated with the use of this material? (i.e. pathogenic, toxic chemical)

_____ NO

_____ YES If YES, what are the hazards? List below:

6. User Qualifications:

Training and Experience

| Type of training | Where trained | Duration of training | On the Job (circle 1) | Formal College (circle 1) |
|--|---------------|----------------------|-----------------------|---------------------------|
| a. Principles & practices of radiation protection | | | YES NO | YES NO |
| b. Radioactivity measurement standardization & monitoring techniques & standards | | | YES NO | YES NO |
| c. Mathematics & calculations basic to use and measurement of radioactivity | | | YES NO | YES NO |
| d. Biological effects of radiation | | | YES NO | YES NO |

Experience (Hands on)

_____ NO

_____ YES If YES, list isotopes used and amounts.

Where was experience gained?

Institution Name

Address

Telephone

7. Radiation Detection Instrumentation:

| Type of Instruments make and model # of each | Number Available | Radiation Detected | Sensitivity Range (mr/hr) | Window thick- ness (mg/cm) | Use |
|---|---------------------|-----------------------|------------------------------|-------------------------------|-----|
| | | | | | |

8. Available Laboratory Facilities:

Rooms where the material will be handled:

- a. Shipments delivered to _____
- b. Material stored in _____
- c. Animals housed in _____
- d. Animal tissue stored in freezer location _____
- e. Chemistry performed in _____
- f. Material used in _____
- g. Waste disposal drum in _____

Describe available storage facilities:

Check special equipment and facilities used to control external and internal radiation exposure.

- _____ Fume hood
- _____ Glove box
- _____ Shield storage container
- _____ Transportation container
- _____ Special sinks, drain lines, & exhaust lines
for radioactivity (please describe separately)

9. Personnel Monitoring Procedures and Radiation Protection Program:

(See Sections III, V, VI of the Radiation Safety Handbook)

Check items to be used to control external and internal radiation exposure.

- | | |
|---|---------------------------|
| _____ Shielding | _____ Protective Gloves |
| _____ Handling Tongs | _____ Labcoat |
| _____ Radiation Signs & Labels | _____ Mechanical Pipettes |
| _____ Trays | |
| _____ Film Badges (to be ordered through the RSO) | |
| _____ Dosimeters (sensitivity range) _____ | |

On a supplemental sheet applicants will answer all applicable items found in Section IIA.9 of the Radiation Safety Handbook.

10. Waste Disposal Techniques:

(See Section IV of the Radiation Safety Handbook).

Are unusual waste disposal problems anticipated? YES ___ (If YES, Please List) NO ___
(For example: volatile, explosive or corrosive wastes)

On a supplemental sheet applicants will answer all applicable items found in Section IIA.10 of the Radiation Safety Handbook.

11. Emergency Plan:

Each applicant will include an emergency plan describing the special precautions, if any, necessary for the correction of emergencies described in Section VIII of the Radiation Safety Handbook. If the loss of electrical power or the loss of water could pose a radiation safety problem, then corrections of these problems must be discussed.

Signature of individual completing this application _____

Date _____