

Radioactive Material License Application

Application for Non-human Use of Radioactive Material

INSTRUCTIONS: Complete (please type) and forward this application along with your C.V. and a survey map of your laboratory (see 9.A.7) to the Environmental Health and Safety Office, 800 Forchheimer.

1. Authorized User:

Name:	Title:	Building & Room:
Department:	Tel. #:	E-mail Address:

2. Project Title: _____

3. Building/Room # where material will be located: _____

Use:	Material Storage:
Waste Storage:	Other:

4. List isotopes and limits (Item 9 requires handling procedures for **each** radioisotope):

Radioisotope	Half Life	Total Quantity (mCi)	Max Amount Per Experiment (mCi)	Chemical Form

5. Is the material to be obtained or used in especially hazardous form (e.g., carcinogen, highly toxic)?

____ Yes ____ No If yes, please explain: _____

6. Radiation Protection: Check special equipment to be used to control radiation exposure.

- | | | |
|---|---|---|
| <input type="checkbox"/> Glove Box | <input type="checkbox"/> Handling Tongs | <input type="checkbox"/> Protective Gloves |
| <input type="checkbox"/> Mechanical Pipettes | <input type="checkbox"/> Lab Coat | <input type="checkbox"/> Finger Dosimetry |
| <input type="checkbox"/> Fume Hood | <input type="checkbox"/> Shielded Storage | <input type="checkbox"/> Body Dosimetry |
| <input type="checkbox"/> Absorbent Liner & Tray | <input type="checkbox"/> Shoe Covers | <input type="checkbox"/> Radiation Signs and Labels |
| <input type="checkbox"/> Shielding: <input type="checkbox"/> Lead <input type="checkbox"/> Lucite | <input type="checkbox"/> Liquid Scintillation Counter | |
| <input type="checkbox"/> GM Survey Meter | <input type="checkbox"/> Transport Container | |

7. Waste Disposal: Check the appropriate item(s) to indicate the types of waste you will be generating. Describe each waste streams (For example; Solid will consist of gloves, absorbent, pipette tips, etc.). Include information on any hazardous materials, biohazards, carcinogens, toxic chemicals, etc.*

<input type="checkbox"/>	Solid	
<input type="checkbox"/>	Liquid Scint. Vials	
<input type="checkbox"/>	Aqueous	
<input type="checkbox"/>	Organic	
<input type="checkbox"/>	Animal	

8. Describe the method/procedure to be taken for ensuring radioactive material is secure against unauthorized access: _____

9. Please check the type of application below and submit a separate paper describing the use of the radioactive material by supplying the requested information.

A. Use in biomedical research:

1. Provide a description of experimental techniques, especially those phases of the experimental procedures where handling of radioactive material is involved. This should be provided for each radioisotope listed in section 4.
2. Indicate those steps in the experimental procedure where loss of radioactive material is possible and describe the measures to be taken to control contamination.
3. List precautions to be taken to eliminate contamination of the personnel such as the use of protective clothing and gloves. Also, describe the use of any special shielding devices to be used to limit personnel exposure.
4. Describe material and waste storage area.
5. Describe radiation monitoring equipment; including methods and frequency of contamination surveys.
6. Provide facility sketch, indicating where source(s) will be stored and used. Also, indicate where wipes will be taken in the laboratory to monitor for contamination.

B. Use in animal studies:

1. Answer all the questions in A and B.
2. How (and where) will animals be housed.
3. Provide the concentration (in units of uCi/gram) of the radionuclide averaged over the entire weight of the live animal.

4. Describe the kind and number of animals to be used in the study.
5. Describe the radionuclide (including activity) to be administered per animal and how administered.
6. The ultimate fate of the animal and suspected excretion rate of the radionuclide.
7. Describe handling and monitoring of the animals and proposed method of disposal of the animal(s) and excreta.
8. Attached copy of Animal Protocol

10. Please provide radiation safety training you received for the use of radioisotopes. If available, provide a copy of certificate documenting the training.

Date of Training	Institution	Hours

11. Describe your previous work experience:

Isotope and Amount	Years of Experience	Type of Use	Institution

I affirm that the foregoing facts are correct to the best of my knowledge and that I shall conduct and/or supervise the described work with full regard for the safety of those engaged in the work, the Albert Einstein College of Medicine community, and of the general public.

Upon terminating my authorization and prior to departing the College, I agree to contact the Radiation Safety Office to arrange for the close out of my laboratory and the disposal of radioactive material and waste.

Applicant: _____

Signature _____ Date: _____
Principal Investigator