**Application for the Use of Radioactive Materials**

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| 1. Applicant Information (“Authorized User”) | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Department | | | | | | | | | G-Number | | | | Date of Birth | |
|  | | | | | |  | | | | | | | | |  | | | |  | |
| Office Location | | | | | | Telephone | | | | | | | | | E-mail Address | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | |
| Application Type (check one): | | | | | | | Initial | | | |  | | Renewal |  | | | | Modification | |  |
| 1. Radioactive Material Types and Quantities | | | | | | | | | | | | | | | | | | | | |
| Isotope | | Max. Quantity On-Hand | | | | | | | | Chemical Form | | | | | | | | Annual Usage | | |
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| 1. Time Period/Radiation Workers | | | | | | | | | | | | | | | | | | | | |
| Beginning: |  | | | | Ending: | | |  | | | Additional Staff (yes/no): | | |  | | | | (If yes, complete the section below) | | |
| Name | | | | | G Number | | | | | | Date of Birth | | | | | Email address | | | | |
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| 1. Project Description and Health and Safety Considerations | | | | | | | | | | | | | | | | | | | | |
| On a separate sheet provide the following information about the project with a Curriculum Vita:   * Description of proposed use and research objectives * Health and safety hazards associated with exposure * Description of procedures to maintain use/storage exposure to radiation ALARA * Personal protection requirements – dosimetry, protective equipment, etc. * Waste streams and disposal procedures * Exposure and spill response procedures * Employee training and hazard communication procedures * General lab rules beyond those in the Chemical, Biosafety, and Radiation Manuals | | | | | | | | | | | | | | | | | | | | |
| 1. Space & Equipment Requirements | | | | | | | | | | | | | | | | | | | | |
| Isotope(s) | | | Building, Room Number | | | | | | | | | Monitoring & Safety Equipment  (survey meters, probes, scintillation, hoods, etc.) | | | | | | | | |
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|  | | |  | | | | | | | | |
| Applicant Signature: | | | |  | | | | | | | | | | Date: | | | |  | | |
| RSC Approval Date: | | | |  | | | | | Approval Expiration Date: | | | | | | | |  | | | |