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Application for Authorization to Use Radioactive Materials

Office Use Only

Permit # _____

1. Principal Investigator Information

Name _____ Title/Position _____

Department _____ E-mail _____

UW Box # _____ Office Phone # _____

Lab Phone # _____ Cell Phone # _____

2. Laboratory Contact

Must be knowledgeable about the proposed research. Will act as the primary contact with Radiation Safety.

Name _____ Title/Position _____

E-mail _____ Office Phone # _____

Cell Phone # _____

3. Laboratory Registration

An Application for Certification of Laboratory for Radioactive Materials (Form 50) must be attached for each lab.

Building and Room Number	Generic Lab Type (e.g., Research Lab, Equipment Room, etc)
	(Select One or Type In)
	(Select One or Type In)
	(Select One or Type In)
	(Select One or Type In)
	(Select One or Type In)

4. Personnel

A Radiation Worker and Dosimetry Application (Form 20) must be attached for each person. Attach extra sheets if necessary.

Name	Does Not Need Dosimetry	Already Has Dosimetry	Needs Dosimetry (Requires App. for Dosimetry)
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

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5. Unsealed Radioactive Materials to be Used

Attach procedures, including waste handling, for each planned experiment. Additional nuclides can be added later if needed.

Radionuclide	Chemical & Physical Form (e.g., NaI, liquid)	Activity per Order (mCi)	Activity per Experiment	Number of Experiments per Month

6. Use of Unsealed Radioactive Material

Provide a 1-2 sentence "executive summary" of the intended use of each radionuclide.

Radionuclide	Description

7. Uranium and Thorium Compounds

Attach procedures, including waste handling, for each planned experiment. Additional nuclides can be added later if needed.

Item	Radionuclide	Chemical & Physical Form (e.g., Uranyl Acetate, powder)	Maximum Mass on hand (g)	Mass used per Experiment (g)	Number of Experiments per Month
1					
2					
3					

8. Use of Uranium and Thorium Compounds

Provide a 1-2 sentence "executive summary" of the intended use of each Uranium or Thorium Compound.

Radionuclide	Description

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9. Radioactive Sealed Sources
Attach procedures, including security and shielding, for each source in planned experiments. Additional sources can be added later if needed. Attach additional pages for greater than four sources.

Source	Radionuclide	Make/Model	Activity (mCi)	Serial Number	Storage Location
1					
2					
3					
4					

10. Use of Sealed Sources
Provide a 1-2 sentence "executive summary" of the intended use of each source.

Source	Radionuclide	Description
1		
2		
3		
4		

11. Radiation Detection Instruments
Attach a Radiation Detection Instrument Registration Form (Form 51) for each instrument.

Manufacturer	Model	Location (Building and Room)

12. Radiation Producing Devices and Non Ionizing Radiation Devices
Does your work/lab involve other radiation hazards such as radiation-producing devices and/or non-ionizing radiation devices?

- ☐ Radiation-producing device *(x-ray for radiography, PET/CT imaging, X-ray irradiator, diffraction spectroscopy, fluorescence units, particle accelerators, etc.). Complete and attached a radiation-producing device registration form.*
- ☐ Laser *(Any Class 3B or Class 4 laser system including microscopy station, loaner from manufacturer, demo units and inactivenits/storage). Complete and attach a Laser Registration Form.*
- ☐ RF producing devices (diathermy medical device, broadcasting radio and TV antenna, cell antennas, radar, etc.)
- ☐ Ultraviolet (UV) light
- ☐ MRI, NMR, industrial electrolysis, welding devices, etc.

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13. Animal Use Information

Please complete the section below only if your radioisotope work involved the use of animals.

Title(s) of Research Project(s):

IACUC Protocol Number(s):

Contact Person: Phone Number:

Email:

Please complete the tables and answer the associated questions.

Species	Average Weight of Animal (kg)	Number of Animals/Experiment	Number of Experiments per Year

Radioisotope and Chemical Forms(s)	Activity (mCi/Kg)	Route of Administration	Frequency of Administration	Duration of Experiment (hours)

Radioisotope Lab Locations

Building	Room	Location Type (Research Area, Vivarium Housing, Waste Storage)

Will Radioactive material be injected into the live animal? ◯ Yes ◯ No

Will the animal(s) be euthanized immediately after injection? ◯ Yes ◯ No

Please describe the arrangements for care and contamination control:

Please describe shielding and safety measures for workers/animal handlers:

Please describe the waste storage and disposal procedures for excretions, bedding, cages and animal tissue.

Please describe any special containment, such as laminar flow hoods or metabolic cages: