



Marshall University Radiation Safety Office

Application for use of Radioisotopes

Applicant's Name: _____ <Full Name>

Date of Birth: <MM/DD/YYYY> MUID: _____ 901-

Division or Department: _____ < Department>

Office: _____ < Bldg. & Office # > Office Extension: _____ (304) 696-XXXX

Lab: _____ < Bldg. & Lab # > Lab Extension: _____ (304) 696-XXXX

Email: _____ <Use your Marshall Email>

I. Requested Radiochemical, (element and mass number, and chemical form):

i. Physical form:

ii. Activity expected to be:

a. Received at any one time:

b. Used at any one time:

c. Used during any 3 month period:

II. Describe purpose for which radioactive material will be used. Give details of the procedure, using additional pages as necessary.

III. Facilities: Give a brief description of the facilities and attach a neatly drawn floor plan of the laboratory. Indicate on the plan the areas to be used for radionuclide use or storage.

IV. Describe your Radiation Protection Program: include methods for securing radioactive materials; personnel monitoring; survey methods and frequencies; shielding, protective clothing, location of labels, caution signs, 'Notice to Employees' (Form NRC-3); location of animal housing; etc. Use additional pages, as necessary.

V. Waste Disposal: Give the estimate of volumes and activities that will be disposed by different methods.

	METHOD	QUANTITY	TIME PERIOD
Animals:			
Deregulated nuclides			
Regulated nuclides			
Animal Bedding/Unstable Biologicals			
Liquid Waste			
Commercial Disposal in Drums (Total)			
Solids			
Liquid Scintillation Vials			
On-site "Decay-in-Storage"			
Incineration			
Effluents through hoods and exhausts			

VI. What are the potential hazards associated with the radioisotope(s) that you propose to use and the procedures that you will be using? What steps will be taken to minimize the hazards and ensure that radiation dosage is As Low As Reasonably Achievable.

VII. Date you wish to place the first order for the radioisotope:

I, _____ <Full Name, Title> _____, am aware of NRC and University rules and regulations regarding use of radioisotopes and I will abide by them.

Applicant Signature: _____ Date: _____

Date reviewed by the Radiation Safety Committee: _____

Date approved by the Radiation Safety Officer: _____

Radiation Safety Officer