



APPLICATION FOR USE AUTHORIZATION RADIOACTIVE MATERIALS UNIVERSITY RADIATION SAFETY OFFICE

PROTOCOL # _____

Authorized User: _____	Department: _____
Phone: _____	Dept. Chair: _____
After Hours Phone: _____	Location of Use: _____
Email: _____	
Project Title: _____	
Today's Date: _____	Anticipated Start Date: _____
Month / Day / Year	Month / Day / Year

Radionuclides	Chemical Compounds	Max Activity* per Experiment	Max Activity On Site (including waste)

**Additional lab surveys are required when use exceeds 200 µCi per day.*

I. General Information

Use location(s): _____ Storage location(s): _____

A. Use Authorization includes:	Yes	No	
• Human subject use:	<input type="checkbox"/>	<input type="checkbox"/>	IRB Protocol(s) No.: _____
• Animal use:	<input type="checkbox"/>	<input type="checkbox"/>	AUP Protocol(s) No.: _____
• Radiation-generating equipment:	<input type="checkbox"/>	<input type="checkbox"/>	RSC Protocol(s) No.: _____
• Biological agents:	<input type="checkbox"/>	<input type="checkbox"/>	IBC Protocol(s) No.: _____

B. Survey and monitoring equipment needed (Select all that apply):

<input type="checkbox"/> Geiger-Mueller meter	<input type="checkbox"/> Ion chamber meter	<input type="checkbox"/> Personal pocket dosimeter
<input type="checkbox"/> Whole body badge dosimeter	<input type="checkbox"/> Ring dosimeter	<input type="checkbox"/> Liquid scintillation counter
<input type="checkbox"/> Gamma counter	<input type="checkbox"/> Other: _____	

C. List personal protective equipment: _____



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D. Is a fume hood required? Yes No

Will products be gaseous or volatile: Yes No

If Yes, please explain: _____

I. General Information (continued)

E. Waste management – check all that apply:

- Solid waste Liquid waste Scintillation waste
 Infectious waste Animal waste Mixed waste (i.e. waste also regulated by the Environmental Protection Agency)

If Yes to mixed waste, explain: _____

Will waste be discharged to the sanitary sewer? Yes No

If Yes, describe composition: _____

Indicate brand of scintillation cocktail to be used: _____

Are *Radioactive Material Use* areas clearly labelled? Yes No

II. User Information and Training

A. List all users and training dates including information for the applicant

P.I. / Authorized User:

Name:	UID:
Phone:	E-mail:
Applying for status of:	RAM refresher training date:

Month / Day / Year

Is this the first application for RAM use? Yes (Please provide details below) No

Previous Experience

Institution:	Location:	
Isotopes and activity used:	Purpose of use:	
Time Period From:	Time Period To:	Duration of use:

Month / Day / Year

Month / Day / Year



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Additional User Information

Name of User:	WSU Radiation Safety Training Date:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Month / Day / Year

III. Administrative Procedures & Description of Project

Attach additional sheets as necessary

<p>Describe procedures including:</p> <ul style="list-style-type: none"> • Estimated amount of activity that will be used per day • Activity in animal carcasses • Any additional details 	
<p>Describe precautions including:</p> <ul style="list-style-type: none"> • Potentials for airborne hazards • Contamination of a vacuum system • Additional precautions 	
<p>Describe disposal methods including types of waste generated</p>	



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IV. Required Signatures

Once required signatures are received, please submit this form for provisional approval to:
Radiation Safety Office
Health Sciences Building, Room 104

By signing this document, the applicant agrees to abide by the rules and regulations of the State of Ohio and Wright State University's Radiation Safety Program. The applicant is responsible for his/her radioactive materials, the safe use of radioactive materials, and ensuring the security of radioactive materials from unauthorized use.

The applicant understands that the information contained within this document is subject to inspection by the Ohio Department of Health. The information will be maintained and used by the Radiation Safety Committee as required by state regulations. Release of this information for other use requires written authorization of the applicant if they are personally identified.

Signature lines for Applicant, Department Chair, Radiation Safety Officer, and Chair, Radiation Safety Committee, each with a corresponding Date line.

RSO USE ONLY:

To the Chair of the Radiation Safety Committee:

After extensive review, I recommend provisional approval of this Use Authorization application pending the final approval of the Radiation Safety Committee.

Signature lines for Radiation Safety Officer and Chair, Radiation Safety Committee, each with a corresponding Date line.