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|  | **Authorization Request FORM 1****For Radioactive Use in the Basic Sciences** |

**Use this form when making initial application for approval to use radioactive materials for non-medical purposes. Retain a copy for your records.**

Submit the completed and signed original to Laurie Scholl, 001C Safety. For questions, contact Laurie at VA ext. 5753, UI 353-5389 or by mailing lauie-scholl@uiowa.edu.

**Application # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(To be assigned by radiation safety office)*

1. **APPLICANT INFORMATION**

|  |
| --- |
| Name:      |
| Department: |       | VAMC Position: |       |
| Office Address: |       | E-mail Address: |       |
| Office Phone #: |       | Lab Phone #: |       |

1. **SUMMARY of RADIOACTIVE MATERIALS REQUESTED**

|  |  |  |  |
| --- | --- | --- | --- |
| Radionuclide | Shipment Limit(mCi) | On-Hand Limit(mCi) | Chemical Form |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 Attach additional pages as necessary.

1. **USE and STORAGE LOCATIONS**

|  |
| --- |
| Include all areas where radioactive materials will be used and/or stored. |
| Room # | Building | Room # | Building |
|       |       |       |       |
|       |       |       |       |

1. **SHIPMENT DELIVERY LOCATION**

|  |
| --- |
| Indicate where Radiation Safety should deliver radioactive materials shipments received from vendors. |
| Room # | Building |
|       |       |

1. **PERSONNEL**

|  |
| --- |
| Include all individuals who may use the radioactive material(s) named in this request. |
| Name | VAMC ID # | Birth Date(MM/DD/YY) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 Attach additional pages as necessary.

**6. Use Methodology**

 **Note: Submit an individual use methodology for each use requested.**

1. **Description of Use**

Describe in one sentence the purpose for which the radioactive material(s) will be used. *For example,* *P-32 ATP will be used to study the structure, function and expression of bacterial genes.*

1. **Radioactive Materials used with this Methodology**

|  |  |  |  |
| --- | --- | --- | --- |
| Radionuclide | Chemical Form | Qty. perEach Use(mCi) | Ave. Qty. UsedPer Month(mCi) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

  Attach additional pages as necessary.

1. **Will radioactive material be used in live animals?**

**[ ]** No

 **[ ]** Yes Identity of animal to be studied:

 **In addition, contact the Animal Care Facility regarding authorization for animal use at VA ext. 7558 or 7559 or e-mail ddl@icva.gov.**

1. **Transport Between Area**

Will radioactive material be transported between labs/building at the VA or to the University of Iowa?

 **[ ]** No

 **[ ]**  Yes If yes, identify the locations and describe the radioactive material containment and any shielding measures to be employed during transport.

1. **Radionuclide Volatility**

 Is volatility or aerosolization of the radioactive material a possibility?

 [ ]  No

 **[ ]** Yes If yes, describe volatility control measures to be used to prevent contamination or inhalation.

**f. Methodology**

List a **detailed** description of the procedure involving the manipulation of radioactive material.

**g. Radioactive Waste Information**

 For information concerning radioactive waste disposal consult the EHS “Waste Management Guide and Procedures Manual” located at the the EHS website or contact EHS's Hazardous Waste Manager, Jim Pyrz at 335-4625.

**7. PRINCIPAL INVESTIGATOR'S TRAINING and EXPERIENCE**

**a. Recent Applicable Training**

|  |  |  |
| --- | --- | --- |
| Date | Description of Training | Location |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 **b. Recent Experience Using Radioactive Material**

|  |  |  |
| --- | --- | --- |
| Date | Type of Use | Duration of Use |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**PLEASE READ BEFORE SIGNING**

Your signature below indicates that you agree to:

* Observe all applicable radiation safety regulations and policies cited in the VAMC’s “Radiation Safety Handbook” Please note that failure to do so is grounds for revocation of approval to use radioactive material.
* Notify the Radiation Safety Office at 5753 for approval prior to making changes to your use authorization, including radionuclide form/authorized quantities, use/storage locations, use methodology, and personnel.
* Conduct and document appropriate radiation surveys of your facilities at a frequency sufficient to control contamination and maintain exposures as low as reasonably achievable.
* Maintain an accurate inventory of the radioactive material in your possession.
* Secure your radioactive materials from unauthorized use or removal.
* Ensure that all personnel listed on your current use authorization receive initial and annual radiation safety training.

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**Signature - Principal Investigator Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature - Radiation Safety Officer (RSO USE ONLY)* Date**