

LINCOLN UNIVERSITY APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number:

Application Date:

APPLICATION INITIATION PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Application Type: [] New [] Amendment [] Renewal [] Inactivation [] Re-activation [] Termination

Personal Data

Name: Job Title: Department/Unit: Office Address: E-Mail Address: Office Telephone: Lab Telephone: FAX:

Authorized User Statement

I have read the Radiation Safety Manual and understand to the best of my knowledge its application to my requested use of radioactive material. I understand my responsibility as an Authorized User to train and provide a safe work environment for my personnel in accordance with University policy, State and Federal regulations. I understand my responsibility to maintain proper records by documenting radiation surveys and maintaining radioisotope inventory records. I accept the responsibilities of being an Authorized User and will comply with the LU Radiation Safety Program.

Applicant Signature

Date

For Radiation Safety Office Use Only

Radiation Safety Officer Date

Dean of Agricultural & Natural Sciences Date

Vice President of Student Affairs Date

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AUTHORITY PAGE

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Direct Supervisor Statement

Supervisor Name:

Supervisor Title:

Supervisor's Department/Unit/Other:

I support the use of radioactive materials by this Authorized User Applicant. I understand my responsibilities to the best of my knowledge as a supervisor of an Authorized User.

Direct Supervisor Signature

Date

Supervisor for Other Area

Supervisor Name:

Supervisor Title:

Supervisor's Department/Unit/Other:

I support the use of radioactive materials by this Authorized User Applicant in the area(s) listed below. I understand my responsibilities to the best of my knowledge as a supervisor of the rooms being utilized by this Authorized User.

Building: Room(s):

Building: Room(s):

Supervisor for Other Area Signature

Date

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ISOTOPE PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Radioactive Material requested:

<u>Isotope</u>	<u>Form</u>	<u>Order Limit (mCi)</u>	<u>Possession Limit (mCi)</u>
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Use of Radioactive Material: [Form or attachment must be typed or very neatly printed in black ink]

Attach the use protocol(s) planned for each isotope and the associated radiation safety procedures unless you utilize one of the "generic" procedures.

[] Generic procedure(s) to be used as noted --

<u>Isotope</u>	<u>Generic Procedure(s)</u>
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Special uses requiring additional controls -- provide written description(s) of the additional controls for each special use noted here (See How to Complete Authorization Application Isotope Page)

- [] Biohazards
- [] Hazardous materials/mixed waste
- [] Airborne hazards
- [] Unsealed Sources
- [] Sealed Source/Foil
- [] Live plant use

Please indicate method of disposal of radioactive materials used:

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TRAINING AND EXPERIENCE PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Personal data

Name:

Date of Birth:

Sex: Female Male

Statement of Training:

Provide the following information and documentation substantiating your training in: Principles and practices of radiation protection; Biological effects of radiation; Basic calculations for radioactivity measurement and standardization; Instrumentation and monitoring techniques; and other applicable training.

When & Where Trained

Duration & Type* of Training

Topics

Statement of Experience with radioactive materials

Provide the following information and documentation substantiating your experience --

<u>Isotope</u>	<u>Activities Used (mCi)</u>	<u>Type of Use</u>	<u>Date, Duration & Location of Experience</u>
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RADIATION SURVEY INSTRUMENTATION

[This form or attachment must be typed or printed very neatly in black ink]

Radiation survey meter

For Beta or Gamma Emitters

[] Manufacturer:

Model No.:

Serial No.:

Detector Type or Model No.:

[] Manufacturer:

Model No.:

Serial No.:

Detector Type or Model No.:

Counting Equipment

[] Beta Counter (Liquid Scintillation Counter or other)

Location:

Manufacturer:

Model No.:

Serial No.:

[] Gamma Counter

Location:

Manufacturer:

Model No.:

Serial No.: