

East Carolina University/Pitt County Memorial Hospital

RADIATION SOURCE APPLICATION

RADIOACTIVE MATERIAL
 FOR USE IN THE BASIC SCIENCES
 (not for use on humans)

Approval by the Basic Science Radiation Safety Subcommittee
FORM RSO-02B

Application Number: _____
 Application Date: _____
 Expiration Date: _____

SECTION 1. PERSONNEL DATA

Approved User (Applicant):	Radiation User Number:	Office Location:
Job Title:	Department or Unit:	
Office Phone #:	Home Phone #:	
Laboratory Phone #:	Beeper #:	

NOTE: Normally only members of the academic or research faculties will be approved as users of radioactive materials. Exception to this policy must be justified in writing and will be considered on a case by case basis.

(Please Click On The Appropriate Box)

Mr., Mrs., Ms. _____ Will be responsible for ensuring radiation safety in my absence.

FORM RSO-01, Statement of Agreement, Training and Experience was submitted to the Radiation Safety Officer on _____
 (DATE)

I understand that personnel who handle radioactive material under my direction are required to fill out a Radiation Worker Registration (FORM RSO-04) and attend the Basic Radiation Safety Course. I also understand that I am responsible for the radiation safety of the individuals listed below.

<p><u>NAME</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>	<p><u>OFFICE USE ONLY</u></p>
--	-------------------------------

SECTION 2. RADIOACTIVE MATERIAL

Radionuclide : _____	Chemical/Physical Form: _____
Maximum Possession Limit (uCi): _____	Amount Per Experiment (uCi): _____

SECTION 3. ESTIMATED VOLUME OF RADIOACTIVE WASTE GENERATED PER YEAR

Solid: ft ³	Liquid: gal.	Biological: ft ³	Other:
-------------------------------	---------------------	--------------------------------	--------

SECTION 4. EXPERIMENT LOCATION

Listed below is/are the physical location(s) (laboratories, equipment areas, cold rooms, etc.) where the radioactive material described in this application will be used or stored. Also included is a drawing of each location that will be used during this project.

Building: _____ Room Number: _____

Building: _____ Room Number: _____

Building: _____ Room Number: _____

SECTION 5. ANIMAL USE

Are animals going to be administered radioactive material during this project? YES NO
(If your answer is yes, please complete SECTION 6.)

Please include the Animal Use Protocol number (AUP#): _____

SECTION 6. EXPERIMENTAL APPROACH AND PROTOCOL

In the space below, the proposed use of radioactive material is described. Provide a detailed experiment protocol including the type of experiment, special aim, experimental design, and specific laboratory procedures. In addition describe radiation safety precautions, radiation survey methods, special risk and toxicity information, and how the material will be used in teaching.

SECTION 10. APPROVAL

The Office of Radiation Safety has been consulted regarding receipt, handling, storage, and disposal of the radioactive material covered by this application and finds that if the safety procedures described are followed, personnel exposure will be maintained within established limits and applicable radiation protection standards will be met.

SIGNED _____ **DATE** _____

Marcus T. Jeannette
Radiation Safety Officer

I affirm that the foregoing facts are correct to the best of my knowledge and that I shall conduct and/or supervise the described work with full regard for the safety of the general public, those engaged in the work, and the radiation safety procedures as established by the East Carolina University, and The North Carolina Division of Radiation Protection. I understand that I am fully responsible for the use of the radioactive material described in this application.

SIGNED _____ **DATE** _____

(Principal Investigator)

PRINTED NAME _____

The Basic Science Radiation Safety Subcommittee reviewed this document on _____ and approved the non-human use of radioactive materials described.

SIGNED _____ **DATE** _____

Ann Sperry, Ph.D.
Chairman, Basic Science Subcommittee
Radiation Safety Committee

NOTE: Please retain a hardcopy and electronic copy of the completed application for your records. Application should be returned to the Office of Radiation Safety, 186 A Warren Life Science Bldg. Mail Stop 640.