

## Application to Use Radioactive Materials

Name: \_\_\_\_\_ MSU 9 Digit ID: \_\_\_\_\_ Date of Application: \_\_\_\_\_

MSU Net ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_

Please describe your experience using radioactive materials.

### Contact Information

E-mail Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Location: \_\_\_\_\_ After-Hours Phone: \_\_\_\_\_

Departmental Radiation Representative (if applicable): \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Alternate Laboratory Contact: \_\_\_\_\_

### Unsealed Radioactive Sources Requested

Radionuclide	Activity Requested (millicuries)	Physical Form	Quantity used per run (millicuries)

### Laboratories where unsealed materials will be used or stored

Laboratory	Use Location	Storage Location

### Indicate the types of radioactive wastes that will be generated using the above material

Type of Waste	Generated
Contaminated paper, plastics	
Contaminated metal, glass	
Organic solvents	
Acidic or basic waste solutions	
Animal tissues containing only H-3 or C-14	

Type of Waste	Generated
Contaminated animal tissues	
LSC fluid containing only H-3 and/or C-14	
Other (describe)	

### Equipment used with radioactive materials

Centrifuge

Water bath

Fume Hood

Pipettes

Incubator

Animal cages

Will radioactive material be used in animal uptake studies?

Will outdoor field studies be conducted using radioactive materials?

## Laboratory Monitoring and Safety Equipment

Manufacturer	Model	Probe

Personnel dosimetry

### List of safety equipment that will be employed

**Equipment**

Beta shields

Beta shielded waste containers

Lab coats

Disposable gloves

**Equipment**

Floor mats

Absorbent bench paper

Lead shielding

**Equipment**

Eye protection

Closed toe shoes

Is a telephone available in each lab?      YES      NO

**Sealed Sources Requested**

Radionuclide	Activity (mCi)	Manufacturer	Source Description and Use

## Laboratory Information

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Provide a brief description of work that will be conducted in this lab

Laboratory security: \_\_\_\_\_

Is access limited to rad materials workers?      YES      NO



Building: \_\_\_\_\_ Room: \_\_\_\_\_

Provide a brief description of work that will be conducted in this lab

Laboratory security: \_\_\_\_\_

Is access limited to rad materials workers?      YES      NO



Building: \_\_\_\_\_ Room: \_\_\_\_\_

Provide a brief description of work that will be conducted in this lab

Laboratory security: \_\_\_\_\_

Is access limited to rad materials workers?      YES      NO



**Duplicate and use additional sheets if needed to describe your radioactive materials labs.**

**In the space below, briefly describe your experiments involving radioactive materials.**

### Approval Page

Applicant: \_\_\_\_\_ Method: \_\_\_\_\_

Submitted on: \_\_\_\_\_  
Date

Application reviewed and approved by: \_\_\_\_\_ Method: \_\_\_\_\_  
Department Head

Verified and approved: \_\_\_\_\_ on \_\_\_\_\_  
Radiation Safety Officer Date

\_\_\_\_\_ Date  
Chair, RCLS Committee

### Modification Dates

Date approved	Pages modified	Date approved	Pages modified	Date approved	Pages modified