



ENVIRONMENTAL HEALTH & SAFETY

SANTA CRUZ, CALIFORNIA 95064

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE RADIOACTIVE MATERIAL

Instructions: Type directly into the form. If you need additional space for a section, **use a separate sheet for each section**. When the form is complete, sign it and send to rad@ucsc.edu. Keep a copy for your records. Ask the Radiation Safety Office for assistance if you are uncertain about information to provide.

1. **Applicant:** Self-explanatory. Please provide complete contact information.
2. **Department:** Self-explanatory.
3. **Date:** Self-explanatory.
4. **Individual Workers:** List faculty and staff who, in addition to the authorized user, will have access licensed material and who will supervise all uses of licensed material by others. All workers in the area must have completed training.
5. **Locations where material will be used:** Attach a plan, with features related to radiation safety, for each area. A single authorized user is responsible for each area.
6. **Radionuclides:** List the radionuclides that will be used.
7. **Forms and Activities:** List the form and the activity of each radionuclide.
8. **Protocols and Details of Use:** Attach representative protocols. Describe features related to radiation safety such as the use of auto pipettes and ppe, and contamination control. Describe the practices used to ensure the safety of the personnel.
9. **Radiation Safety and Security:** Describe the procedures you will use to limit exposure and control contamination, and to secure material from unauthorized use or removal. Specifically identify how the area will be physically arranged, safety procedures, equipment, and how individuals will be supervised and provided with task specific training by you. Describe how use of material will be documented.
10. **Instrumentation Use for Radiation Safety:** Describe the instrumentation used for radiation safety purposes. Discuss the use of instrumentation for counting wipes, performing contamination surveys, and for performing bioassays. For gamma emitters and sealed sources, describe how exposure rate will be measured.
11. **Signatures:** By signing this application, you and your department chair are acknowledging that you have accepted responsibility for the use of licensed material. You are responsible for the safety of all individuals and compliance with University of California, Santa Cruz rules and Radiological Health Branch regulations.

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE RADIOACTIVE MATERIAL

<p>1. Name of Applicant: Office Location: Mail Stop: Telephone: Email:</p>	<p>2. Department</p>
<p>4. Individual Workers: a. b. c. d.</p>	<p>3. Application Date:</p> <p>5. Locations and phone numbers where materials will be used and stored. Please attach plans of areas.</p>
<p>6. Radionuclides: a. b. c. d. e.</p>	<p>7. Forms and maximum activities for each radionuclides: a. b. c. d. e.</p>
<p>8. Describe protocols and details of use. Identify features related to radiation safety.</p>	
<p>9. Describe radiation safety and security considerations and precautions. Include plans for security when radioactive materials are not in use.</p>	
<p>10. Describe instrumentation used for radiation safety.</p>	
<p>For Radiation Safety Use Date Received: _____ Date approved by Committee: _____ Date authorization sent: _____</p>	<p>12. Signatures. Read instructions carefully.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Department Chair</p>