



## Application for the Authorization to Possess, Use, and Store Radioactive Materials

### Section 1: Applicant Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone/E-Mail: \_\_\_\_\_

### Section 2: Location Information

Building/Room (where material will be used): \_\_\_\_\_

- Storage Location (If different than above): \_\_\_\_\_
- Waste Storage Location (If different than above): \_\_\_\_\_

### Section 3: Isotope Information (please list isotope information for each radioisotope being requested)

Radioisotope	Half-Life	Total Quantity (mCi)	Max. Amount per Experiment (mCi)	Chemical Form

### Section 4: Hazard Control and Personal Protective Equipment

- Is the material to be obtained or used in an especially hazardous form (e.g., highly toxic or volatile)?
- Radiation Protection (Please check special equipment to be used to control radiation exposure)

Item	Y/N	Item	Y/N	Item	Y/N	Item	Y/N
Glove Box		Mechanical Pipettes		Fume Hood		Ion Chamber	
Body Dosimetry		Wrist Dosimetry		Handling Tongs		Absorbent Liner	
Finger Dosimetry		GM Survey Meter		Scintillation Well Counter		Spill Tray	
Shielded Storage		GM Survey Meter Pancake Probe		Liquid Scintillation Counter		Transport Container	
Shoe Covers		GM Survey Meter NaI Probe		Radiation Signs and Labels		Other:	
Gloves		Lab Coat		Safety Glasses		Respirator	

- Radiation Protection (Please describe the use of the equipment designated above, if non-routine)

**Section 5: Waste Disposal** (Please check the appropriate items below. Describe all waste streams generated by these experimental protocols)

\_\_\_\_\_ Solid Waste \_\_\_\_\_

\_\_\_\_\_ Aqueous Waste \_\_\_\_\_

\_\_\_\_\_ Mixed Waste \_\_\_\_\_

\_\_\_\_\_ Animal \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

- Please refer to the Radiation Safety Guide for instructions concerning radioactive waste disposal

**Section 6: Security** (Please describe methods and procedures to be taken to ensure that radioactive material is secure against unauthorized access)

**Section 7: Experimental Protocol**

- Please attach your experimental protocol.
- Describe experimental techniques especially those phases of the experiment involving radioactive material – this should be provided for each isotope requested.
- Describe measures taken to control both environmental contamination (lab equipment, work surfaces, etc.) and personal contamination (lab workers).
- Describe the use of any shielding, if required.
- Describe the material and waste storage area.
- Describe radiation monitoring equipment; describe method and frequency of contamination surveys.
- If animals are to be used, a thorough description of the animal protocol involving radiation is required.
- Describe adequacy of the physical features of the lab and equipment to support the proposed study in terms of radiation safety.
- Provide qualifications and training of individuals responsible for the study.
- Estimated time needed for completion of the study involving radioactive material.
- Provide a sketch of your lab indicating where RAM will be stored and used as well as safety equipment such as eye wash, safety shower, fume hood, etc.
- Please contact the NJIT RSO or Director of EHS for assistance regarding the completion of this form.

**Section 8: Signatures**

- I affirm that the material supplied in this application 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 those involved in the work and the general public.
- I have received a copy of the NJIT Radiation Safety Guide and I understand that I will comply with the requirements and procedures described therein.
- Upon terminating my authorization and prior to departing the university, I agree to contact the RSO and/or Director of EHS to arrange for the close out of my laboratory and the appropriate disposal of radioactive material and associated waste.

Applicant Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Radiation Safety Officer (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director EHS: (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_