Date Received: _____ Date Approved: _____ R&LSC# _____

UTSA Application for Radioactive Material Use

IMPORTANT: All radioactive material used at UTSA is required to have an approval from the Radiation & Laser Safety Committee and be registered through the Laboratory Safety Division (LSD) with the State of Texas. Safe usage and procedural compliance are the responsibilities of the Principal Investigator (PI). An approved application is required for each PI using radioactive material.

Date: _____ **PI:** _____ **Department:** _____

Building: _____ **Room:** _____ **PI's Phone Number:** _____

List of Radioactive Material, Chemical and/or Physical Form and Max Activity Limit		
Nuclide	Chemical/Physical Form	Maximum Activity Limit

Instrumentation: An investigator must have access to a liquid scintillation counter and/or gamma counter to perform wipe tests. He must also have access to a survey meter when using millicurie amounts of high energy beta emitters and gamma emitters. List equipment available

TYPE OF INSTRUMENT (make and model)	RADIATION DETECTED (beta and/or gamma)	RANGE OF SURVEY METER (i.e.-1 to 250 mR/hr)
*Survey meters shall be calibrated once a year by a qualified party. Please indicate the name of the company: _____		

Waste Disposal: The Investigator shall comply with the waste disposal requirements issued by the Radiation Safety Office. Indicate the type of waste expected.			
Solid Waste:	☐ Glass	☐ Plastic	☐ Needles
Liquid Waste:	☐ Organic Solvents	☐ Aqueous Liquids	☐ Carcinogens
Other:	☐ Scintillation vials	☐ Animal Tissue	☐ Bio-hazardous

Check all that Apply to Your Laboratory
☐ **Plastic-backed absorbent paper will cover each work area.**
☐ **A fume hood will be utilized for radioisotope work.**
☐ **A biosafety cabinet will be utilized for radioisotope work.**
☐ **Iodinations will be performed. Laboratory Room #___**
☐ **Lead shielding will be used for the radioisotope**
☐ **Plexiglass/Plastic shielding will be used for the radioisotope.**
☐ **Gloves and laboratory coats will be utilized as protective clothing.**
☐ **Remove handling tools (forceps, tongs, etc.) and the lead shipping containers will be utilized when handling large quantities of high energy beta and gamma emitters.**
☐ **Personnel dosimeters will be worn and returned as required by the Manual.**
☐ **Thyroid checks will be obtained for personnel using unbound radioiodine.**
☐ **Wipe tests will be performed and recorded WEEKLY.**

Posting Requirements The documents listed below are to be posted or kept in EACH laboratory. Check items that are currently in each laboratory
☐ "Notice to Employees"
☐ "Emergency Procedures"
☐ Emergency Telephone List
☐ UTSA Radiation Safety Manual
☐ Radiation Labels (door, refrigerator, work areas, fume hood, waste containers, etc.)

Personnel Training Table (Including PI)				
Name	**myUTSA ID**	**Radiation Safety Training Date**	**Title or Student Classification**	**Dosimetry Training Date**

Purpose: Indicate the main purpose for using this material. Indicate the general types of experiments or analyses that will be done with the material.

Project Methodology: Outline the methodology of the project(s) emphasizing the safe use of radioactive material. If additional space is needed, please attach additional pages.

Security: Specify the precautions and procedures which will be taken during your possession of the radioisotopes to secure and prevent any unauthorized access and removal of the material.

Contamination Control: Specify the precautions and procedures which will be taken to prevent excessive levels of radiation or contamination in the work or adjacent areas.

Emergency Response: Provide your written plan for responding to an emergency. In case of an accident or known, or suspected, x-ray exposure, contact Radiation Safety Personnel at 210-458-6230 or contact UTSA Police at 210-458-4911.

Required Attachments and Additional Questions

Note: Attach and Label each response to the following items with the corresponding number. If an item does not apply, then please check the *does not apply* box for that number.

1. Submit a diagram of each laboratory indicating radioactive work areas, sinks, refrigerators, freezers, fume hoods, countertops, etc.
   ☐ **I have attached the appropriate response** ☐ **Does not apply.**

2. Additional pages for Project Methodology.
   ☐ **I have attached the pages** ☐ **Extra pages were not necessary.**

3. Statement of previous course(s), training or experience with radioactive material
   a. On-the-Job Training (OJT) -Include copy of OJT signature sheet which includes topic(s) covered.
   b. Experience
   c. Formal Training - Include a copy of any applicable certificates.
   ☐ **I have attached the appropriate response**

4. Have you previously worked with radioactive material or radiation?

☐ **Yes** *If Yes please provide name and address of institutions*	☐ **No**

5. Current or anticipated work with radioactive material or radiation at another institution:

☐ **Yes** *If Yes please provide name and address of institutions*	☐ **No**

With my signature, I certify that the provided information contained in this form is true and correct.

Required Signatures	
Principal Investigator	Date