

University of Arkansas at Little Rock
FORM 1 - APPLICATION FOR RADIONUCLIDE USE

APPLICATION CLASS: New Renewal Amendment Date:

1. TITLE OF PROJECT:

2. INVESTIGATOR NAME:
TITLE:

DEPT.:
PHONE:

a. Name & title of others who will work on this project (complete supplemental training sheet for each):

NAME:
TITLE:

DEPT.:
PHONE:

3. Radioactive materials to be used:

Nuclide Physical / Chemical forms Maximum amount in possession (mCi)

4. RADIONUCLIDE USAGE AND DISPOSAL:

a. Location(s) of use:

b. Location(s) of storage:

c. Duration of Usage:

d. Type of usage: (e.g. in vitro) _____ (Animal or human use is not permitted)

e. Ci/experiment

f. Waste Disposal ⁽²⁾:

mCi/month and volume (gals. or lbs.)

Nuclide Dry Waste Liquid Scint. Aqueous Liquid Non-aqueous liquid

Note: Review rules for radioactive waste disposal.

DATE RECEIVED: _____ **DATE APPROVED:** _____

University of Arkansas at Little Rock - APPLICATION FOR RADIONUCLIDE USE
(Form 1, continued)

5. DESCRIPTION OF HOW RADIONUCLIDES WILL BE USED (Give special attention to procedures that have potential of contamination - centrifugation, evolution of gases, vapors, etc.):

University of Arkansas at Little Rock - APPLICATION FOR RADIONUCLIDE USE
(Form 1, continued)

6. RADIATION SAFETY PROCEDURES TO BE FOLLOWED, FACILITIES & EQUIPMENT, ETC.
(Attach separate pages as necessary).

a. Procedures to ensure radionuclides are not lost or stolen.

b. Posting and labeling practices.

c. Contamination control measures (trays, gloves, adsorbent paper, etc.).

d. Fume hood availability.

e. Radiation survey meter availability.

f. Shielding devices. none required.

g. Personnel Dosimetry.

h. Other. _____ Film badges _____ Ring badge _____ Bioassay