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:  DEPT.:
   TITLE:  PHONE:

   a. Name & title of others who will work on this project (complete supplemental training sheet for each):
   NAME:  DEPT.:
   TITLE:  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:________________
5. DESCRIPTION OF HOW RADIONUCLIDES WILL BE USED (Give special attention to procedures that have potential of contamination - centrifugation, evolution of gases, vapors, etc.):
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.

________ Film badges  ______ Ring badge  ________ Bioassay

h. Other.