# APPENDIX A

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**NOVA SOUTHEASTERN UNIVERSITY**

**APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIAL OR EQUIPMENT**

**PLEASE PRINT AND FILL OUT COMPLETELY.**
**PLEASE KEEP A COPY FOR YOUR RECORDS.**

| NAME (last, first ) | POSITION / TITLE | DATE |
|---|---|---|
| | | |
| DAPARTMENT: MAIL ADDRESS | PHONE: | E-MAIL |
| | | |

| BUILDING & ROOM(S) WHERE RADIOACTIVE WORK WILL BE PERFORMED | PREVIOUSLY AUTHORIZED BY ENVIRONMENTAL HEALTH & SAFETY COMMITTEE AS: ☐ Qualified User For _____ Years ☐ General User |
|---|---|
| | |

**DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS?**

☐ NO ☐ YES (If yes, complete Part 15 and Preceptor Statement in accordance with 10 CFR 35.)

DO YOU PLAN TO USE RADIOACTIVE MATERIAL IN ANIMALS? ☐ YES ☐ NO

Will work involve use of > 100 mCi of a radionuclide with half-life greater than 120 days? ☐ YES ☐ NO

Will you be working with any biological hazards? ☐ YES ☐ NO

INSTRUMENTATION TO BE USED FOR RADIATION MONITORING

Type, Model, and Description of Instrument (include probe type) Serial No.

A._____

B._____

LABORATORY MONITORING/SURVEYS

☐ Any laboratory under my authorization will be surveyed at least once each calendar week if radioactive material is being used.

PERSONNEL MONITORING AND PROTECTION

Please refer to the **Radiation Dosimetry Guidelines** at the end of this application to determine the requirements for dosimetry.

☐ I currently have a whole body badge.
☐ I currently have a ring badge.
☐ I do not require a badge since I will be using only $^{14}C$, $^{3}H$, $^{35}S$, or $^{33}P$.
☐ I do not require a badge since I will be using less than quantities shown in EHS Dosimetry Guidelines
☐ I will call EHS to order a dosimeter.

SECURITY PLAN

Each Principal Investigator, Radiologist or Clinician must submit a security plan for all areas under his/her supervision where radioactive materials or equipment are used and stored. Please submit this plan with this application.

DESCRIPTION OF LABORATORY / RADIOLOGY FACILITIES

Please attach a **map** of each room which includes the locations of fume hoods, work areas, waste areas, waste containers, shielding, radioactive material storage areas, radiological equipment and entrances and exits.

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**NOVA SOUTHEASTERN UNIVERSITY**

**APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIAL OR EQUIPMENT**

PROPOSED USE OF EACH RADIONUCLIDE / EQUIPMENT (Include activity and brief description of procedure.)

| NUCLIDE/ MACHINE | REQUESTED LIMIT | PROCEDURE | MAX. ACTIVITY PER PROCEDURE (mCi) | ESTIMATED # PROCEDURES PER MONTH / HOURS PER WEEK |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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TRAINING

| SUBJECTS | INSTITUTION(s) | DATES | NO. OF HOURS |
|---|---|---|---|
| PRINCIPLES AND PRACTICES OF RADIATION PROTECTION | | | |
| RADIACTIVITY MEASUREMENTS INSTRUMENTATION, AND DETECTION | | | |
| BASIC MATHEMATICS PERTAINING TO USE AND MEASUREMENT OF RADIOACTIVITY | | | |
| BIOLOGICAL EFFECTS OF RADIATION | | | |

EXPERIENCE

| NUCLIDES USED | QUANTITY, mCi | INSTITUTION | DATES | TYPE OF USE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SIGNATURE

NOVA SOUTHEASTERN UNIVERSITY RADIATION SAFETY PLAN CONTAINS THE POLICIES AND RULES WHICH GOVERN THE USE OF RADIATION PRODUCING MATERIALS AND EQUIPMENT AT NSU AS SPECIFIED BY THE ENVIRONMENTAL HEALTH & SAFETY COMMITTEE AND MUST BE ADHERED TO BY ALL USERS.

I HAVE READ AND WILL ABIDE BY THE UNIVERSITY'S PROGRAM REQUIREMENTS AND POLCIES SET FORTH IN THE RADIATION SAFETY MANUAL.

APPLICANT'S NAME: _____

DATE: _____

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USE OF RADIOACTIVE MATERIAL IN HUMANS

**Complete this section only if you will be using radioactive materials or radiation-producing equipment on human subjects.**

**Answer the following** - Circle the best choice and answer all that apply.
a. Circle your status – **faculty/staff/resident/fellow/student**
b. If you are in radiology, what is your specialty? (e.g. CT, specials) _____
c. Are you board certified or registered? **Yes/No**
d. If yes, by which organization? _____
e. Date of Certification: _____

If you are not certified or registered you must demonstrate knowledge of Radiation Safety procedures and rules by passing the Radiation Safety test.

**By my signature, I attest that all information provided on this application is true and accurate:**

Applicant signature: _____ Date: _____

**I certify that the above applicant has the required certification or registration or training for use with human subjects:**

Authorized User signature: _____ Date: _____

**RADIATION DOSIMETRY GUIDELINES**

You may be required to wear dosimetry during your radioactive material work. Personnel who are using radioactive materials in the amounts shown in the table will be issued dosimetry.

| Radioisotope(s) | Activity, mCi | Type of Monitoring |
|---|---|---|
| $^{14}C$, $^{3}H$, $^{33}P$ & $^{35}S$ | any amount | none required |
| $^{32}P$ | < 6 mCi | none required |
| | ≥ 6 mCi to < 30 mCi | ring dosimeter |
| | ≥ 30 mCi | ring badge & whole body dosimeter |
| | < 50 mCi | none required |

| | | |
|---|---|---|
| $^{45}Ca$ | ≥ 50 mCi | ring dosimeter |
| Low Energy Gamma Ray Emitters, < 200 keV ($^{125}I$, $^{99m}Tc$, $^{201}Tl$) | < 50 mCi | none required |
| | ≥ 50 mCi | ring and whole body dosimeter |
| High Energy Gamma Ray Emitters, ≥ 200 keV ($^{51}Cr$, $^{131}I$, $^{60}Co$, $^{137}Cs$) | < 2 mCi | none required |
| | ≥ 2 mCi to < 5 mCi | ring dosimeter |
| | ≥ 5 mCi | ring badge & whole body dosimeter |