

**ENVIRONMENTAL HEALTH AND SAFETY** 

Applicant Cover Page

## PROTOCOL FOR THE USE OF RADIONUCLIDES

Please complete the following form to request the use of radionuclides. Use additional sheets as needed. This form is designed as a PDF document, to be filled out on-line. You may submit completed forms via email to <a href="mailto:cindy.hall@uconn.edu">cindy.hall@uconn.edu</a> or print and send a hard copy to RADIATION SAFETY, 3102 Horsebarn Hill Rd.,U-4097, Storrs, CT 06269-4097. If you are unable to submit an electronic signature on your application, the Cover Page will be returned to you once approved, for your signature. Please keep a copy for your records and mail the original to Radiation Safety.

1. Applicant Cover 1 age		
Applicant's Name:		<u></u>
Applicant's Position Title:		
Campus Location:	Marine Science Stamford Storrs Torrington Waterbury	es at Avery Point
E-Mail Address:		
Department:		Building:
Office Room No.:	U-Box:	Telephone No.:
Radionuclide Laboratory Room No(s)		
IACUC Number (if applicable):		
Type of Protocol Requesting:  [Initial request	Renewal	Amendment to an existing protocol (complete amended sections only.)
	e materials. In	with the regulations set forth by the Radiation Safety case of prolonged absence, termination, relocating of lab y Office.
Date: Si	ignature:	

# RADIONUCLIDE(S) REQUESTED: II. Maximum Activity Est. Maximum Activity A. Radionuclide(s) On Hand (mCi) Purchased in One Year(mCi) B. Radionuclide(s) Chemical and/or physical form:

C. If material is received as a powder, will it be dissolved in shipping vials? N/A No Yes

If yes, list radionuclide(s):

٠.	Will radionucli	lides be incorporated in a toxic or hazardous compound?			
	No Yes	Radionuclide(s) Compound(s)			
		<del></del>			
	If the energy is	s yes, outline the safety precautions in Item VI.			
	If the allswer is	is yes, outline the safety precautions in Item v1.			
	Are either of t	the following to be used:			
	Infectious viru				
	Carcinogenic a	<del>-</del>			
	Other toxic or hazardous sub				
	If the answer t	to any is yes, outline deactivation methods and safety precautions in Item VI.			
	Are animals to	to be used: No  Yes  Species:			
•	FACILITIES A	S AND EQUIPMENT FOR HANDLING RADIONUCLIDES			
	Check the follo	lowing that apply and provide room number(s) for location of:			
		Hood			
		Room Number:			
		Survey Meter			
		Room Number:			
		Detector: (GM, NaI, etc.):			
		Liquid Scintillation Counter			
		Room Number:			
		Room Number:  Gamma Scintillation Counter  Room Number:			

Revised 9/17/2014

## IV. RADIATION SAFETY PROCEDURES

A.	(Radiation safety procedures shall be conducted in accordance with the Radiation Safety Manual.)			
	Dosimeter Badges and Rings Lab Coats Disposable Gloves Spill Trays Waterproof backed absorbent material for bench and floor covering Remote Pipette (i.e., no mouth pipetting) Appropriate Signs and Labels			
	List Shielding Materials (if needed):			
	Other:			
В.	Have you made arrangements with the Radiation Safety Office for posting radionuclide laboratory(s) with the required forms and signs in conspicuous places?  Yes No			
C.	Have you made arrangements with the Radiation Safety Office for obtaining a copy of the University of Connecticut Radiation Safety Manual?  Yes \( \subseteq \text{No } \subseteq \)			
D.	Are you familiar with the emergency procedures as outlined in the Radiation Safety Manual?  Yes  No			
E.	What plans have you made for handling after-hour emergencies that might involve radioactive contamination? (Use additional sheet if necessary) <i>Policy: After-Hours Emergency Response.</i>			

F.	Will your procedure present potential radiation hazards requiring special attent  If yes, please specify:	ion? Yes 🗌	No 🗌
G.	Is there any possibility of a radioactive gas release?  If yes, please specify:	Yes 🗌	No 🗌
Н.	What local plans have been made for decontamination in case of accident?		

#### V. WASTE DISPOSAL

A.	Do you have a record keeping system that will enable you to document receipt radioactive materials?	and disposi Yes	tion of No 🗌
В.	Have you read the Procedures for Handling Radioactive Waste?	Yes 🗌	No 🗌
C.	Have you made arrangements with the Radiation Safety Office to obtain a containers and do you have the proper materials for packing solid and liquid was		radioactive waste
D.	Have you planned for a record keeping system to enable you to correctly radionuclide, date and quantity?	label waste Yes 🗌	containers as to
E.	If using animals, have you made provisions for frozen storage of carcasses pr service?	· -	p by the disposal NA []
F.	Provide specific information regarding controlled or uncontrolled release of voexperimental procedures:	latile radio	7

## VI. PROPOSED RESEARCH

Outline proposed research with details on the procedure for handling <b>each</b> radionuclide.	Include such items as
maximum activity to be handled at one time, activity per animal, etc. Elaborate on methods	of containing potential
releases to air or water. If additional space is required please continue on the addition	nal sheet provided in
Section IX.	

Section 1A.		
Radionuclide:		
Radionuclide:		
Radionuclide:		

Radionuclide:		
Radionuclide:		
Radionuclide:		

#### VII. INDIVIDUAL USERS

List **all** persons other than the applicant who will use or be exposed to radiation under this authorization. **They must receive training from the Radiation Safety Office prior to being exposed to any radiation.** Call the Radiation Safety Office concerning training and badge monitoring of exposures.

Other users supervised by applicant:	
NAME	RADIONUCLIDES BEING USED

#### VIII. NONUSERS

List **all** persons who will not be using radioactive material **but** will be working in your hot laboratory. **They must receive training from the Radiation Safety Office prior to working in a hot laboratory.** Call the Radiation Safety Office concerning training and film badge monitoring of exposures.

Other individuals working in hot laboratories:		
NAME		

## IX. ADDITIONAL SHEET

Please use this sheet only if space provided above does not allow for a complete response.