

PROTOCOL FOR THE USE OF SEALED SOURCES OR RADIOLOGICAL DEVICES

Please submit **completed** form to RADIATION SAFETY, 3102 Horsebarn Hill Rd., U-4097, Storrs, CT 06269-4097.

I. APPLICANT:

Applicant's Name: _____

Campus (check one):
 Avery Point
 Mansfield Depot
 Storrs

Department: _____ Building: _____

E-mail address: _____

Office No.: _____ Box No.: _____ Telephone No.: _____

Lab No(s): _____

Type of Protocol:
 Initial Request (include statement of training)
 Renewal
 Amendment to an Existing Protocol (complete amended sections only)

Signature below affirms that the applicant will comply with the regulations set forth by the Radiation Safety Committee regarding the use of radioactive materials. In case of prolonged absence, termination, relocating of lab facilities, etc., the applicant will inform the Radiation Safety Office.

Signature: _____ **Date:** _____

II. SEALED SOURCE/DEVICE REQUESTED:

A. <u>Isotope/Device Type</u>	<u>Activity (mCi)</u>	<u>Activity Date</u>	<u>Manufacturer/Model #</u>	<u>Location/Storage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. FACILITIES AND EQUIPMENT FOR HANDLING SOURCE/DEVICE

- Survey Meter
Detector (thin-end window, etc.): _____
- Other: _____

IV. RADIATION SAFETY PROCEDURES

- A. (NOTE: Radiation safety procedures shall be conducted in accordance with the Radiation Safety Manual.)
 - Yes N/A Dosimeter Badges and Rings
 - Yes N/A Appropriate Signs and Labels
 - Yes N/A List Shielding Materials (if needed): _____
 - Yes N/A Other: _____
 - B. Have you made arrangements with the Radiation Safety Office for posting source storage location with the required forms and signs?
Yes No
 - C. Have you obtained a copy of the University of Connecticut Radiation Safety Manual?
Yes No
 - D. Are you familiar with the emergency procedures as outlined in the Radiation Safety Manual?
Yes No
 - E. Will your procedure present potential radiation hazards requiring special attention?
Yes No
- If yes, please specify: _____

V. SOURCE SECURITY

If additional space is required please continue on the additional sheet provided in Section VIII.

A. While in storage:

B. While in transit/and or use:

VI. PROPOSED RESEARCH

Outline proposed research or use of each source with details on the procedure for handling each source. Include the area(s) where sources are to be used and measures taken to guarantee security of each source/device. **If additional space is required please continue on the additional sheet provided in Section VIII.**

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

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 approved by the Radiation Safety Officer prior to being exposed to any radiation.** Call the Radiation Safety Office concerning training and dosimeter badge monitoring of exposures.

Other users supervised by applicant:

NAME:

SOURCE(S) BEING USED:

VIII. ADDITIONAL SHEET

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