

**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<br>Stamford<br>Storrs<br>Torrington<br>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)  |  |  |  |
|    |                                 |  |  |  |  |
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|    |                                 |  |  |  |  |
|    |                                 | <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<br>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?<br>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<br>Yes   | tion of<br>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<br>Yes 🗌 | containers as to           |
| E. | If using animals, have you made provisions for frozen storage of carcasses pr service?   | · -                  | p by the disposal<br>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: |  |  |
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| Radionuclide: |  |  |
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#### 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<br>BEING USED |
|                                      |                             |
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#### 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: |  |  |
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| NAME   |  |  |
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## IX. ADDITIONAL SHEET

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