



RAS FORM 1

APPLICATION FOR THE USE OF RADIOACTIVE MATERIALS

1. Name / Job Title of Applicant: _____

2. Department where material is used: _____

3. Telephone Contacts: Office _____ Lab _____

4. List each isotope, it's chemical and physical form, and maximal milliCuries that you will possess at any one time. If they are sealed sources, also state the name of the manufacturer, model number, number of sources, and maximum activity per source.

5. Describe the purpose for which each radioactive material will be used. This should include a detailed experimental protocol – the type of experiment, aim of the experiment, and specific laboratory procedures (attach separate sheet if necessary). For sealed sources, include how each source will be stored and used.

Type of user training	Where trained	Duration of training	On-the-job or course?
Principles and practices of radiation protection.			
Radiation measurement, monitoring techniques and instrumentation.			
Calculations basic to the use and measurement of radiation and radio-activity.			
Biological effects of radiation.			

7. Will you require film badge or TLD ring service? If so, how many of which types? (see section 2.5 B of the *Handbook for Radiation Safety*, UNCC RAS FORM 2 required)

8. Experience with the use of radioisotopes:

Isotope	Typical amounts	Institution where isotopes were used	Type of isotope use	Duration of experience

9. Radiation detection instruments available for your use:

Type of instrument:	
Manufacturer and Model #:	
Radiation detected:	
Sensitivity range (mR/hr):	
Window thickness (mg/cm ²):	
Use (survey, dose measurement):	

10. Method, frequency, and standards used in calibrating the instruments listed above. Performed by?

11. List and describe all pertinent laboratory facilities, remote handling equipment, storage and waste containers, shielding, fume hoods, etc. Attach explanatory sketch of laboratory.

If granted authorization to use radioactive materials on the UNC Charlotte campus, I agree to conform with the *Handbook for Radiation Safety at the University of North Carolina at Charlotte*, the provisions of the University Radioactive Materials License (License No. 60-241-1), procedures established by the University Radiation Safety Committee and the University Radiation Safety Officer, and all applicable North Carolina and Federal regulations. I understand that if I do not comply with these requirements that I may lose the authorization granted by the State of North Carolina to use radioactive materials.

Date: _____ Applicant Signature: _____

Date: _____ Radiation Safety Officer Signature: _____