



**APPLICATION FOR RADIOACTIVE MATERIALS PERMIT**

**1. PROSPECTIVE USER INFORMATION**

<b>Name</b>	<b>Title</b>	<b>Department</b>
<b>Office Location</b>	<b>Telephone</b>	<b>E-mail Address</b>

**Personal Identification Information**

<b>UGA ID Number</b>

**Emergency and after-hours contact information**

<b>Contact Priority</b>	<b>Name</b>	<b>Telephone / Pager Number</b>	<b>Telephone / Pager Number</b>
<b>Primary</b>			
<b>Alternate</b>			

**2. RADIATION SAFETY PROCEDURES**

**Procurement, use, storage, and disposal of radioactive material at the University of Georgia must be conducted such that compliance with the following is achieved:**

The State of Georgia, Environmental Protection Division, Department of Natural Resources, *Rules and Regulations for Radioactive Materials*, chapter 391-3-17.

This document may be viewed on the internet at the following address:

[http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=GEORGIA\\_DEPARTMENT\\_OF\\_NATURAL\\_RESOURCES%2FENVIRONMENTAL\\_PROTECTION%2FRADIOACTIVE\\_MATERIALS%2Findex.html&d=1](http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=GEORGIA_DEPARTMENT_OF_NATURAL_RESOURCES%2FENVIRONMENTAL_PROTECTION%2FRADIOACTIVE_MATERIALS%2Findex.html&d=1)

The University of Georgia Radiation Safety Manual. This document is available from Radiation Safety and is posted on the Research Safety website at: <https://research.uga.edu/safety/>

**Please read and understand all applicable sections of the above listed documents prior to completing this application.**



**3. REQUESTED RADIOACTIVE MATERIAL TYPES AND QUANTITIES**

Isotope	Maximum Quantity (mCi) to Possess at One Time	Chemical/Physical Form	Maximum Estimated Single Order Quantity (mCi/shipment)	Estimated Annual Usage (mCi/year)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
.				

<b>Comments/Additional Information:</b>

**4. PROPOSED USE LOCATION**

Radioactive Material; Reference Item Numbers in Section 3	Building/ Use or Storage Location	Room Numbers



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**5. PROPOSED USES**

Please provide here, or as an attachment, information detailing proposed uses in accordance with section 5 of the *Instructions for Radioactive Materials Permit Application*.



**6. PROSPECTIVE USER TRAINING AND EXPERIENCE SUMMARY**

**Prospective User Radiation Safety Training History**

Description of Training Course	Approximate # of Hours	Location / Institution	Date

**Radiological Work Experience of Prospective User**

Isotopes / Quantity Range	Location / Institution	Date

**7. TECHNICIAN OR ASSISTANT TRAINING AND EXPERIENCE SUMMARY**

Name	Title	Department
Office Location	Telephone	E-mail Address

**Personal Identification Information**

UGA ID Number



**Technician or Assistant Radiation Safety Training History**

Description of Training Course	Approximate # of Hours	Location / Institution	Date

**Radiological Work Experience of Technician or Assistant**

Isotopes / Quantity Range	Location / Institution	Date

**8. FACILITIES DESCRIPTION**

Please an attachment, information regarding radioactive materials use and storage facilities. Include a map or diagram of the laboratory as an attachment in accordance with section 8 of the *Instructions for Radioactive Materials Permit Application*.

**9. LIST OF RADIATION / CONTAMINATION MONITORING EQUIPMENT**

Instrument Manufacturer	Model Number	Detector Type	Instrument Range (include units: cpm, mr/hr, etc.)	Calibration Due Date

<b>Comments/Additional Information:</b>



**10. WASTE HANDLING AND DISPOSAL**

<b>Sewer disposal planned? (yes/no)</b>			
Isotope	Solution (chemical/physical form)	Maximum Concentration	Requested Monthly Limit
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$
		0.05 $\mu\text{Ci/ml}$	$\mu\text{Ci}$
I understand that sewer disposal records must be submitted to the Radiation Safety Office monthly. (initials)			

<b>Mixed waste anticipated? (yes/no)</b>			
Isotope	Estimated Activity/Unit of Volume (i.e. $\mu\text{Ci/ml}$ )	Hazardous Waste Chemical Name	Estimated Activity per Unit of Time (i.e. $\mu\text{Ci/month}$ )
I understand that I will be charged the actual cost for disposal of mixed waste containing radioisotopes with a half life $\geq 100$ days. (initials)			

<b>Biomedical waste anticipated? (yes/no)</b>			
Isotope	Estimated Activity/Unit of Volume (i.e. $\mu\text{Ci/ml}$ )	General Description	Estimated Quantity per Unit of Time (i.e. $\mu\text{Ci/month}$ )
I understand all biomedical waste must be verified deactivated, decontaminated, or sterilized. (initials)			

Project specific waste control plan attached? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 20px;">No</span> <span style="margin-left: 20px;">(circle one)</span>
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**11. PROJECT SPECIFIC INFORMATION REGARDING METHODS TO MAINTAIN EXPOSURE TO RADIATION AND RADIOACTIVE MATERIALS ALARA**

Please provide here, or as an attachment, project specific ALARA information in accordance with section 11 of the *Instructions for Radioactive Materials Permit Application*.



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### ACKNOWLEDGEMENT OF RESPONSIBILITY

If permitted to use radioactive materials at the University of Georgia, I acknowledge my acceptance of the following responsibilities:

- Radioactive materials will only be used in accordance with the provisions requested in this Radioactive Materials Permit Application and as set forth in the Radioactive Materials Permit, including any amendments and authorized attachments.
- All personnel working under my permit will be provided appropriate radiation safety training and personnel protective equipment before they begin work. Records of Radiation Worker training will be maintained at the work location.
- I understand that specific radiation exposure limits apply for declared pregnant females, persons under the age of 18, and members of the public.
- I will ensure that adequate facilities, equipment, supplies, staffing, and monetary resources will be authorized for the safe conduct of radiological work.
- Exposure to radiation and radioactive materials will be kept As Low As Reasonably Achievable (ALARA) for UGA personnel, members of the public, and the environment.
- Radioactive materials will not be used in or on human beings, or in products distributed to the public.
- I understand and accept that my use of radioactive materials is subject to all applicable rules, regulations, and orders now or hereafter in effect by the Nuclear Regulatory Commission, Georgia Department of Natural Resources, the University of Georgia Radiation Safety Committee, and as specified by the University Radiation Safety Office.

**Prospective User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

signature

**Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

signature