APPLICATION FOR USE OF RADIOACTIVE MATERIALS, DEVICES AND LASERS

A. Information on Individual User

Name: ___________________________ Department: ___________________________

Laboratory Contact: ________________ Major Field: ___________________________

University Address: ________________ Phone Number: __________________________

List all personnel, including yourself, working on the proposed project and include education, training, and laboratory experience:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please name an alternate PI and a lab supervisor for your authorization. These people must be approved to work with radioactive material and familiar with the work performed.

Alternate Principal Investigator: ____________________________________________

Laboratory Supervisor: ____________________________________________________

Will this application seek approval for an academic course? Yes No

ISU Course Number __________________________ Attach Student Roster

B. Project Protocols

Justification of proposed use:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach project description (Include SOPs following the template provided in the Lab Safety Manual. Information to be included: experimental procedure, diagrams, equipment, safety precautions, radiation levels, human use, bio-hazardous materials, periods of use etc.)
C. Safety Protocols

Attach safety protocols making sure to comment on the safety elements as outlined in the Radiation Safety Manual or Laser Safety Manual (training, shielding, security, detection, etc.)

D. Radioactive Material and Sealed Source Information

<table>
<thead>
<tr>
<th>Radioisotope</th>
<th>Total Activity (µCi)</th>
<th>Activity per Experiment (µCi)</th>
<th>Chemical Form</th>
<th>Serial # (if known)</th>
<th>Manufacturer (if applicable)</th>
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E. Radiation and Laser Emitting Device Information

Brief description of device: Please provide applicable units (Use additional sheet if more than one device)

For all devices:

Equipment Description: ________________________________

Manufacturer: __________________________ Model Number: __________________________

Serial Number: __________________________ Year of Manufacturer: __________________________

For x-ray device:

Maximum mA: __________________________ Maximum kVp: __________________________

For portable gauge:

Radioisotope: __________________________ Total Activity: __________________________

Radioisotope: __________________________ Total Activity: __________________________

For laser device:

Laser Type: __________________________ Hazard Class: __________________________

Wavelength(s): __________________________ Beam Shape: __________________________

Beam Divergence: __________________________ Beam Diameter: __________________________

Operational Power: __________________________ Rated Power: __________________________

Temporal Mode: __________________________ Max. Energy/Pulse: __________________________

Pulse Duration: __________________________ Pulses/Second: __________________________
F. Facility Information

Building: _______________  Room Number: ________ Proposed Usage: ________________
Building: _______________  Room Number: ________ Proposed Usage: ________________
Building: _______________  Room Number: ________ Proposed Usage: ________________

Attach floor plans of the rooms to be used. Show location of hoods, sinks, lab benches, optical tables, windows, and proposed equipment set up. If necessary for proposed usage, describe special features such as thickness of walls and ceilings, occupancy of adjacent areas, beam direction, etc.

All open beam X-ray devices require Iowa Department of Public Health construction design approval prior to installation. EH&S will submit the plans for IDPH approval.

G. Approval

Authorization will be granted when applicable safety training and medical surveillance has been completed.

We certify that we have reviewed the applicable safety manuals (ISU Radiation Safety Manual, Laser Safety Manual), the Lab Safety Manual, and that this application is in accordance with Iowa State University policies and regulations.

Applicant ___________________________  Department Head ___________________________

Send one copy to Environmental Health & Safety, 2809 Daley Drive. Retain one copy for your files