

APPLICATION FOR USE OF RADIOACTIVE SEALED SOURCES OR NUCLEAR GAUGES

A. Principal Investigator (P.I.)

Name: _____

Department: _____

University Address: _____

Telephone: _____

University e-mail: _____

B. Alternate P.I.

Name: _____

Department: _____

University Address: _____

Telephone: _____

University e-mail: _____

C. Lab Supervisor

Name: _____

Department: _____

University Address: _____

Telephone: _____

University e-mail: _____

D. Authorized Personnel

Attach a table of all personnel who will have access and work with sealed sources and/or nuclear gauges, including the P.I. Include education, training, and laboratory experience:

Name	Education	Rad Safety Training	Lab Experience
Ex. Bob Smith	MS – 1999	ISU Moisture Gauge – 2012 Humboldt Manufacture training - 2011	8 yrs radioactive materials 10 yrs biological materials

E. Facility Information

Building: _____ Room Number: _____ Proposed Use: _____

Building: _____ Room Number: _____ Proposed Use: _____

Attach floor plans of the rooms to be used. Show location of hoods, sinks, lab benches, optical tables, windows, and proposed equipment set up. Provide a description of floor and bench top materials.

F. Sealed Source or Nuclear Gauge Use Procedures

Proposed use of source or nuclear gauge: _____

Attach material use SOPs. Information should include: experimental procedure, diagrams, equipment, safety precautions, radioactivity, human use, bio-hazardous materials, periods of use etc.

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

ISU Course Number _____

Will this application seek approval to provide services to other clients? Yes No

How will this device be used? Research Medical Diagnostics Non-destructive Evaluation

G. Source Information

Sealed Source:

Isotope: _____ Source Activity: _____

Isotope: _____ Source Activity: _____

Nuclear Gauge:

Equipment Description: _____

Manufacturer: _____ Model Number: _____

Serial Number: _____ Year of Manufacturer: _____

H. Safety Protocols

Attach safety protocols making sure to comment on the safety elements as outlined in the Radiation Safety Manual (lab specific training, shielding, security, methods of detection, emergency procedures, etc.)

I. 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, 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.