

**APPLICATION FOR USE OF RADIOACTIVE MATERIALS**

**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 radioactive materials, including the P.I. Include education, training, and laboratory experience:

Name	Education	Rad Safety Training	Lab Experience
Ex. Bob Smith	MS – 1999	ISU RAM – 2012 ISU SS - 2011	8 yrs radioactive materials, ISU and U of Iowa 10 yrs biological materials, ISU and U of Iowa

**E. Facility Information**

Building \_\_\_\_\_ Room Number \_\_\_\_\_ Proposed Use \_\_\_\_\_  
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, entryways, windows, and proposed equipment set up. Provide a description of floor and bench top construction i.e. (cement, floor, soap stone levels, etc.).

## F. Radioactive Material Use Procedures

Proposed use of materials \_\_\_\_\_

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

Will this application seek approval as a research center?  Yes  No

## G. Radioactive Material Information

Radionuclide	Total Activity ( $\mu\text{Ci}$ )	Activity per Experiment ( $\mu\text{Ci}$ )	Chemical Form
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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), 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 and Safety, 2408 Wanda Daley Drive or email to [ehsinfo@iastate.edu](mailto:ehsinfo@iastate.edu).  
Retain one copy for your files