

**Radiation Safety Committee**

**APPLICATION FOR USE OF RADIOACTIVE MATERIAL**

***The Statement of Training and Experience must be submitted along with this application. A copy of that form may be found on the Radiation Safety*** [***website***](http://www.westernu.edu/research/regulatory-affairs/research-radiation-safety/) ***or obtained from the Radiation Safety Officer, Dr. Donald E. Walters (469-5592). Submit the completed application form and the Statement of Training and Experience to the Chair of the Radiation Safety Committee, Dr. Mohammad Mir.***

**Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(emergencies)**

**I. Description of Radioisotopes**

**Radioactive Chemical Physical Amount**

**Isotope Form Form Requested\_\_\_\_\_**

**II. Describe procedures, activities and operations involving each radioisotope requested.**

**III. Describe**

**a) Storage location:**

**b) Equipment to be used that might become contaminated:**

**c) Laboratory facilities:**

**d) Procedures to reduce radiation exposure to personnel:**

**e) Contamination monitoring procedures upon receipt and after use of radioactive material:**

**IV: Describe radioactive material disposal procedures (Reference – Radiation Safety Manual):**

**V: Name all persons involved in the handling of radioactive material and describe any radiation monitoring methods they will use e.g. film badge, TLD, etc.**

**Name** **Radiation Monitoring Device**

**SIGNATURES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C**hair or Vice Chair of Radiation Safety of Committee**

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**Radiation Safety Officer (RSO) or Alternate RSO**