

APPENDIX B

Suggested Format for New Proposals to Use Radioactive Material to Radiation Control Committee

In order to achieve uniformity and to cover the pertinent items required by the Radiation Control Committee, the following outline should be followed as closely as possible in order to save time in getting your proposal approved by the Radiation Control Committee:

Date: _____

TO: Radiation Control Committee
Attention: Susan E. Stanford
Radiation Control Officer
Box 118340

FROM: Principal Investigator, (Signature required)
Department
Name of other users (technicians, students)

SUBJECT: Proposal to Use _____

Items that should be covered:

1. Brief description of the project.
2. Amount and chemical/physical form of radioactive material to be used.
3. Proposed use locations.
4. Proposed dates that this project will be carried out.
5. Protective clothing to be worn.
6. Whether or not work will be done in a hood.
7. Precautions to be taken to: (1) prevent the spread of contamination from unsealed sources, and (2) prevent external radiation exposure from penetrating radiation (x and gamma rays) by using proper shielding devices.
8. Radiation detection equipment that will be used for laboratory and personnel monitoring and frequency of use.
9. Disposal of radioactive waste.

Attach to proposal:

1. Statement of Training forms (RC-1) shall be attached for all individuals involved in the study. (Appendix B)
2. Proposal Summary Sheet (Appendix B)

UNIVERSITY OF FLORIDA STATEMENT OF TRAINING AND EXPERIENCE

(To be completed by ALL personnel who will be working with radioactive material at the University of Florida)

NAME: _____ DEPARTMENT: _____ PHONE: _____

UFID: _____ CLASSIFICATION (*Faculty, Technician, Student,* _____)

RADIOACTIVE MATERIAL TO BE USED: _____ PRINCIPAL INVESTIGATOR: _____

RADIATION SAFETY TRAINING

SUBJECT	WHERE TRAINED	DATES AND DURATION OF TRAINING	PRECEPTOR/ ON THE JOB (Circle Answer)	FORMAL COURSE (Circle Answer)
A. Principles and practices of radiation protection			Yes No	Yes No
B. Radioactivity Measurement, standardization, monitoring techniques, and instruments			Yes No	Yes No
C. Mathematics and calculations basic to use and measurement of radioactivity			Yes No	Yes No
D. Biological effects of radiation exposure			Yes No	Yes No
E. Transportation of radioactive material			Yes No	Yes No
F. Operating and Emergency procedures			Yes No	Yes No

RADIOACTIVE MATERIAL HANDLING EXPERIENCE

RADIONUCLIDE USED	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DATES AND DURATION OF EXPERIENCE	TYPE OF USE

Have radiation exposure records been maintained for you at another institution? Yes No
 I have read and will abide by the University regulations as set forth in the RADIATION CONTROL GUIDE.

SIGNATURE: _____ DATE: _____

*If additional space is needed, use the back of this sheet. Keep a copy and return original to:
 RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center - Box 118340*

SUMMARY SHEET
PROPOSAL TO USE RADIOACTIVE MATERIAL

1. Title of Proposal: _____

2. Radioactive material users:

<u>Name</u>	<u>Position</u>	<u>UF Approved User</u>	<u>Relation to Project</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Proposed Project Starting Date: _____

4. Radionuclides to be used:

<u>Radio- nuclide</u>	<u>Form</u>	<u>Half- life</u>	<u>Principal Radiation</u>	<u>Activity Inventory Amount</u>	<u>Activity Used Per Experiment</u>	<u>Activity Total Project</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Where are radioactive materials to be used (include building and room)? _____

6. What physical facilities are available (i.e. fumehood)? _____

7. How will lab surveys be done? How often? What equipment? _____

8. Describe any problems associated with final disposal of radioactivity: _____

DOCUMENTATION OF TRAINING FORM:

NAME _____ DEPARTMENT _____ EXT. _____

CLASSIFICATION (*Faculty, Technician, Student, etc.*) _____

RADIOACTIVE MATERIAL TO BE USED: _____ PRINCIPAL INVESTIGATOR _____

Check appropriate response:

 Option 1: Radiation Safety Training Provided by Principal Investigator.

<i>TYPE OF TRAINING</i>	<i>WHERE TRAINED</i>	<i>DATES AND DURATION OF TRAINING</i>	<i>TRAINING PROVIDER</i>
A. <i>Principles and practices of radiation protection</i>			
B. <i>Radioactivity Measurement, standardization, monitoring techniques, and instruments</i>			
C. <i>Mathematics and calculations basic to use and measurement of radioactivity</i>			
D. <i>Biological effects of radiation exposure</i>			
E. <i>Transportation of radioactive material</i>			
F. <i>Operating and Emergency procedures</i>			

 Option 2: Radiation Safety Training provided by Radiation Control Department.

I have contacted the Radiation Control Office Secretary and have enrolled the above individual in the next available Radiation Safety Short Course.

 Option 3: Radiation Safety Training provided by credit course.

I will assure that the above individual will enroll in and attend the following credit course:

PI Signature Date

Return original to the:

*RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center
Box 118340*

Renewal of Radioactive Material Use Authorization

Proposal Title: _____

Description of Project: _____

Participants in Project:

Name	Position	Radioactive Material User	
		Yes	No

Radionuclides to be Used:

Radionuclides	Chemical Form(s)	Inventory Amount (mCi)	Activity per Experiment	Activity per Year (mCi)

Locations (buildings/rooms) where radioactive materials are used and stored: _____

Physical facilities and equipment	Yes	No	Location
fumehood			
ultra centrifuge			
centrifuge			
cold room			
other			

	Yes	No	Location	Make	Model
liquid scintillation counter (LSC)					
LSC with external standard					
gamma counter					
laser system					
GC with ECD					
portable radiation meter					
x-ray equipment					
other					

Describe any anticipated problems associated with radioactive waste disposal: _____

Will you be generating radioactive mixed waste? _____

 (Signature) Firstname Lastname, Title

 Date

