

LEHIGH UNIVERSITY

APPLICATION TO USE RADIOACTIVE MATERIALS

INTRODUCTION

All individuals who use radioactive materials at Lehigh University must complete and submit the "Application to Use Radioactive Materials." The completed form may be sent to Environmental Health and Safety, 211 Warren Square or faxed to (610)758-5606. The completed application will be reviewed by Lehigh's Radiation Safety Committee who will rule on the qualifications of the individual to handle radioactive materials in a safe manner on the basis of experience, training, and proposed facilities use. A written letter indicating the Radiation Committee's decision will be sent along with the required conditions for radioisotope use. The approval process will take approximately 2-3 weeks.

The Chairperson of the Radiation Safety Committee may grant temporary approval pending official action by the Radiation Safety Committee at its next regularly scheduled meeting, provided the Radiation Safety Officer, Dr. Barbra A. Plohocki, recommends approval after verifying the applicant is fully qualified and their facilities are adequate for the research proposed.

DEFINITIONS

AUTHORIZED USER: A faculty member or permanent staff member who is responsible for the safe use of radioactive materials at Lehigh University. They are also charged with the responsibility of being knowledgeable in and following University radiation safety procedures.

SUPERVISED USER: A graduate student, technician, visiting researcher, etc. who works with radioactive materials and reports directly to the Authorized User.

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Instructions: Complete items 1 through 16 and submit to Environmental Health and Safety, 211 Warren Square or fax (610)758-5606.

1. Name of Applicant	2. Phone		
3. Building/Department	4. Lab #		
5. Location where material will be used	6. Location where material will be stored		
7. Names of persons using radioisotopes under direction of Authorized User			
8. Radioactive Materials (Circle the material you will use in your research) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Carbon 14 (C-14) Iodine 125 (I-125) Iodine 131 (I-131) Phosphorus 32 (P-32) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Phosphorus 33 (P-33) Sulfur 35 (S-35) Tritium (H-3) Others (Please List) </td> </tr> </table>		Carbon 14 (C-14) Iodine 125 (I-125) Iodine 131 (I-131) Phosphorus 32 (P-32)	Phosphorus 33 (P-33) Sulfur 35 (S-35) Tritium (H-3) Others (Please List)
Carbon 14 (C-14) Iodine 125 (I-125) Iodine 131 (I-131) Phosphorus 32 (P-32)	Phosphorus 33 (P-33) Sulfur 35 (S-35) Tritium (H-3) Others (Please List)		
9. Possession Limit: Maximum number mCi you will have at any one time – (if sealed source(s), state the name of the manufacturer, model number, number of sources, and maximum activity per source).	10. List the chemical and/or physical form (solid, liquid, gas) of each radioactive material you will possess at any one time.		
11. Training (Complete for each individual listed in numbers 1 through 7).			
Names	Where Trained	Duration of Training	Type of Training (Formal courses, on-the-job, etc.)

12. Experience (Actual use of radioactive materials. Complete for applicant listed in item 1).

Isotope	Maximum Amount	Where Experience was Gained	Duration of Experience	Type of Use

13. Radiation Detection Instruments

Type of Instrument (Make, model, serial #)	Number available	Radiation Detected	Range of instrument

14. What type of waste and quantity will be generated by your research?

15. Does your research require the use of film badges, ring badges, and/or external dosimeters?

YES _____ NO _____

16. How the radioactive materials will be used

(Give sufficient detail concerning your use of the radioactive material. Describe the laboratory facilities and equipment you will use for your research. Include control measures (shielding, ventilated fume hood, remote handling equipment, etc.) that will be implemented in your laboratory. Include radiation safety procedures and restriction of working areas. Use supplementary sheets if necessary).

Signature of Applicant

Date