

Appendix B

RADIATION SAFETY COMMITTEE
RADIOACTIVE MATERIALS LICENSE

EXPIRATION DATE: \_\_\_\_\_

Check one: \_\_\_\_\_ NEW APPLICATION \_\_\_ AMENDMENT # \_\_\_

1. PERSONNEL

Table with columns: Name and Title, Department, Building, Office, Phone, Fax. Rows for Principal Investigator and Laboratory Contact.

2. RADIOACTIVE MATERIALS

Table with columns: Radionuclide, Possession Limit, Limit per Exp., Physical Form, Chemical Form.

3. PROPOSED OPERATION

Provide a summary of the investigation(s) and the principal procedures involved in the use of each radionuclide. Include the procedures important to contamination control (evaporation, assay methods, etc.). Attach additional sheets as needed.

4. LOCATION OF OPERATION

Building: \_\_\_\_\_ Room(s) where stored and used: \_\_\_\_\_
Telephone: \_\_\_\_\_

5. FACILITIES AND EQUIPMENT

- Absorbent Paper, Dosimeter(s), Fume Hood, Glove Box, Handling Tongs, Lab Coat, Mechanical Pipette, Protective Gloves, Radiation Labels/Tape, Radiation Signs, Respirator, Shielded Storage, Shielding (available if needed), Shoe Covers, Trays.

\*Liquid Scint. or Gamma Counter, etc. \_\_\_\_\_
\*Survey Meter \_\_\_\_\_
\*Storage Freezer, etc. \_\_\_\_\_

•Please describe Type, Make, Model, Serial Number and Location.

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Principal Investigator: \_\_\_\_\_

**6. RADIOACTIVE WASTE**

Percent of material that will become waste \_\_\_\_\_ %  
Estimate proportions % Solids % Liquid % Scintillation Vials

Describe the expected **chemical** contaminants (compounds and %) of the liquid waste:  
(Please use full chemical names, no abbreviations. Attach additional sheet if necessary)

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**7. TRAINING**

<u>Type of Training</u>	<u>Where Trained</u>	<u>On the Job</u>	<u>Duration/Dates of the Training</u> <u>Formal Course</u>
Principles, Practices of Radiation Protection			
Radiation measurement, monitoring techniques, and instruments			
Calculations basic to use and measurement of radioactivity			
Biological effects of radiation			

**8. EDUCATION**

<u>Degree</u>	<u>Major</u>	<u>School</u>	<u>City</u>	<u>State</u>	<u>Year</u>
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**9. EXPERIENCE WITH RADIATION**

<u>Radionuclide</u>	<u>Activity Where Gained</u>	<u>Duration</u>	<u>Type of Use</u>
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**10. STATEMENT OF COMPLIANCE**

Upon receipt of the radioactive materials to be used as described in this application, I (we) will be responsible for the safe use of these materials in compliance with U.S. Nuclear Regulatory Commission (NRC), Colorado Department of Public Health and Environment (CDPHE), and University of Colorado Radiation Safety Committee regulations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Dr. \_\_\_\_\_, Principal Investigator

CONDITIONAL APPROVAL GRANTED:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Michelle S. Barry, Radiation Safety Officer