**RADIOACTIVE MATERIAL USE AUTHORIZATION**

**APPLICATION FOR PERMIT TO USE RADIOACTIVE MATERIALS**

*The MBL must maintain a permanent record of each individual who uses radioactive materials under the Commonwealth of Massachusetts Radiation Control Program Materials License conditions. This information may be provided to the company that provides radiation exposure personnel monitoring services. You are entitled to receive copies of all of records related to our monitoring of your radiation exposures.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (Last 4 digits): XXX-XX- \_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Arrival Date: \_\_\_\_\_\_\_\_\_\_\_ Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Affiliation for Next Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PREVIOUS EXPERIENCE AND TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Isotope** | **Maximum amount used at one time** | **Where experience was gained** | **Duration of experience** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you had formal training in the use of radioactive materials and radiation safety practices**?

 **YES NO** *If* ***YES,*** *provide location and duration of training.*

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_(Months/Yrs)**

**Have you worked with radioisotopes at the MBL in the past? YES NO**

*If* ***YES****, provide the date(s*): \_\_\_\_\_\_\_\_\_\_\_\_

***Please check the appropriate box and complete information showing your role at the MBL.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Title / Role** | **Description**  |  | **Title / Role** | **Description** |
|  | Principal Investigator (PI)\* |  |  | Course Director |  |
|  | Associate Scientist  |  |  | Instructor |  |
|  | Other Staff/Student  |  |  | Other Staff  |  |
|  |  |  |  | Student  |  |
| Name of PI/CD:  | Name of Course: |

***I have received, read and understood the MBL Radiation Safety Manual. I agree to abide by the requirements regarding the use of radioactive materials at the MBL.***

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

*PRINCIPAL INVESTIGATORS / COURSE DIRECTORS/INSTRUCTORS MUST COMPLETE PAGE 2 OF THIS FORM*.

**APPLICATION FOR PERMIT TO USE RADIOACTIVE MATERIALS**

**PRINCIPAL INVESTIGATORS, COURSE DIRECTORS AND INSTRUCTORS** who supervise the use of radioactive materials must provide the following information to the Radiation Safety Officer and the MBL Radiation Safety Committee. Prior approval by the MBL Radiation Safety Committee is required for all work involving the use of licensed radioactive materials in MBL.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISOTOPE(S)** | **ANTICIPATED TOTAL USAGE (ACIVITY)** | **MAXIMUM INVENTORY** | **AMOUNT USED PER EXPERIMENT** | **CHEMICAL / PHYSICAL FORM** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DESCRIPTION OF PROPOSED RESEARCH** (*use additional sheet if necessary*).

**List locations where you plan to use radioactive materials (Building / Room):**

**RESEARCH PIs ONLY**:

*Please list all the personnel you will be working with or supervising while conducting these experiments:*

**Have you had previous experience conducting such or similar experiments?**

 **YES NO**

**List the Make, Model, and Serial Number of any portable survey meter(s) you have brought to the MBL.** *Survey meters are required when research involves the use of gamma emitters or beta emitters with Emax > 0.2 MeV. Survey meters must be calibrated annually.*

**SPECIAL RADIATION CONCERNS / ADDITIONAL INFORMATION (if appropriate)**

**Will radioactive materials be used with animals**? **YES NO**

*If yes, please include the Protocol Number from the IACUC*.

**Will radioactive material be used with any biohazardous materials?** **YES NO**

*If YES, please include name of organism\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and IBC Protocol #: \_\_\_\_*

**Will radioactive material be mixed with any hazardous chemicals? YES NO**

If yes, please include the name of the chemical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I have received, read and understood the MBL Radiation Safety Manual. I agree to abide by the requirements regarding the use of radioactive materials at the MBL.***

**PRINT NAME****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**