

UNIVERSITY OF VIRGINIA
**QUALIFIED USER (QU) APPLICATION
 FOR RADIOACTIVE MATERIAL USE**

Form RS-2
 Rev. 3, 8-18

Please fill out completely and submit to the Radiation Safety Office

Please keep a copy for your records

1. APPLICANT NAME (LAST, FIRST, M.I.)		1a. POSITION / TITLE		1b. Employee ID Number	2. DATE
3. UVa Computing ID (e.g. dps3c) no aliases		3a. DEPARTMENT NAME & MESSENGER MAIL ADDRESS		3b. PHONE NUMBER	
				3c. E-MAIL ADDRESS	
3c. BUILDING & ROOMS WHERE RADIOACTIVE MATERIAL WORK WILL BE PERFORMED		4a. NAME & AND EHS ASSIGNED AU OR PI NUMBER for the PRINCIPAL NVESTIGATOR or AUTHORIZED USER you will be working under		4b. PREVIOUSLY AUTHORIZED BY UVa RADIATION SAFETY COMMITTEE ? <input type="checkbox"/> GENERAL USER FOR _____ YEARS <input type="checkbox"/> QUALIFIED USER FOR _____ YEARS FORMER PRINCIPAL INVESTIGATOR USER NAME & EHS ASSIGNED PI #	
5a. DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS? <input type="checkbox"/> YES (PLEASE COMPLETE ITEM 10. OF THIS APPLICATION) <input type="checkbox"/> NO				5b. DO YOU PLAN TO USE RADIOACTIVE MATERIAL IN ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> No	
5c. LIST THE ISOTOPES YOU ARE REQUESTING AUTHORIZATION TO WORK WITH:					
5d. LIST THE EQUIPMENT YOU ARE REQUESTING AUTHORIZATION TO WORK WITH:					
6. RADIATION DOSIMETRY Please refer to the Radiation Dosimetry Guidelines at the end of this application to determine the need for dosimetry.					
<input type="checkbox"/> I CURRENTLY HAVE A WHOLE BODY DOSIMETER					
<input type="checkbox"/> I CURRENTLY HAVE A RING DOSIMETER					
<input type="checkbox"/> I DON'T REQUIRE A DOSIMETER SINCE I'LL ONLY BE WORKING WITH H-3, C-14, S-35, OR P-33					
<input type="checkbox"/> I REQUIRE DOSIMETRY AND WILL COMPLETE AND SUBMIT A DOSIMETER APPLICATION FORM					
<input type="checkbox"/> I DO NOT REQUIRE DOSIMETER(S) – USE DOES NOT EXCEED AMOUNTS IN GUIDELINE					
7. TRAINING					
	<u>INSTITUTION</u> Where Training Received		<u>DATES</u>		<u>NO. OF HOURS</u>
PRINCIPLES AND PRACTICES OF RADIATION PROTECTION					
RADIATION PHYSICS AND INSTRUMENTATION, DETECTION AND MEASUREMENT					
BASIC MATHEMATICS PERTAINING TO USE AND MEASUREMENT OF RADIOACTIVITY					
RADIATION BIOLOGY					
8. PREVIOUS EXPERIENCE WORKING WITH RADIOACTIVE MATERIAL					
NUCLIDES USED	QUANTITY (millicuries)	INSTITUTION	DATES	TYPE OF USE	

UNIVERSITY OF VIRGINIA
**QUALIFIED USER (QU) APPLICATION
 FOR RADIOACTIVE MATERIAL USE**

Form RS-2
 Rev. 3, 8-18

Please fill out completely and submit to the Radiation Safety Office

Please keep a copy for your records

9. THE UNIVERSITY OF VIRGINIA **RADIATION SAFETY GUIDE** IS A DOCUMENT WHICH CONTAINS THE POLICIES AND RULES WHICH GOVERN THE USE OF RADIOACTIVE MATERIAL AT UVA. ALL USERS MUST ADHERE TO THESE POLICIES AND RULES. TO READ THIS DOCUMENT PLEASE GO TO:

THE ON-LINE UNIVERSITY OF VIRGINIA **RADIATION SAFETY GUIDE** URL IS
<http://ehs.virginia.edu/Radiation-Safety-Guide.html>

YOU MUST COMPLETE EITHER THE ON-LINE UNIVERSITY OF VIRGINIA **RADIATION SAFETY TRAINING COURSE** AND **TEST** OR **RADIATION SAFETY GUIDE LECTURE FOR PATIENT CARE STAFF**
 BEFORE THIS APPLICATION WILL BE PROCESSED. THE ON-LINE UNIVERSITY TRAINING URL IS:
<http://ehs.virginia.edu/Radiation-Safety-Training.html>

BY MY SIGNATURE, I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE:

APPLICANT SIGNATURE: _____ DATE: _____

PI or AU SIGNATURE: _____ DATE: _____

FOR ACADEMIC QUALIFIED USERS:

This applicant has my permission to order radioactive materials in my absence. Yes No N/A

This section OEHS USE ONLY

ACADEMIC QU or MEDICAL USE QU

DATE RECEIVED:	PROPER DOCUMENTATION PROVIDED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	RSTC TEST SCORE:	INDEX NUMBER:
----------------	--	------------------	---------------

Health Physicist Review: <input type="checkbox"/> Approval Recommended Comments:	Signature: Date:
---	-------------------------

RSO Review: <input type="checkbox"/> Approval Recommended Comments:	Signature: Date:
--	-------------------------

UNIVERSITY OF VIRGINIA
QUALIFIED USER (QU) APPLICATION
FOR RADIOACTIVE MATERIAL USE

Form RS-2
Rev. 3, 8-18

Please fill out completely and submit to the Radiation Safety Office

Please keep a copy for your records

Item 10. Complete Item 10 only if you will be administering radioactive materials to human subjects or patients.

Please complete the following

a. Check your status **faculty** **staff** **resident** **fellow** **student**

b. Are you board certified or registered? **Yes** **No**

c. If yes, by which organization?

d. Date of Certification:

e. Will you be involved with the radioactive seed localization procedure? **Yes** **No**

If yes, please complete the requirements listed below which are appropriate to your role:

1. **Surgeons** working under the supervision of an authorized user described above, who locate and remove the tissue containing the seed(s) must complete radiation safety training that includes:
 - Performing the related radiation surveys using appropriate instrumentation (i.e., intraoperative gamma probe) employed to identify the location of implanted seeds for excision;
 - Identifying radioactive seed appearance, characteristics, radiation safety handling procedures and precautions;
 - Performing routine monitoring before, during, and after all uses of the seeds to ensure rapid identification and remediation of a damaged, ruptured, lost/missing or leaking source; and
 - Emergency procedures, including how to respond to a leaking source.
2. **Pathology Personnel** handling specimens containing radioactive material should be instructed in the radiation safety aspects of safely handling the seeds and should complete radiation safety training that includes:
 - Identifying radioactive seed appearance, characteristics, safe handling procedures and precautions;
 - Minimizing time handling the specimen containing the seed(s);
 - Using an appropriate survey instrument to perform surveys of hands and work areas following handling of the specimen;
 - Performing routine monitoring after all uses of the seeds to account for all seeds specified in the prescription and to ensure rapid identification and remediation of a ruptured, lost/missing or leaking source;
 - Emergency procedures to be followed in the event contamination is identified or a seed is suspected of being damaged, ruptured or leaking;
 - Accountability, security of the seeds post-implantation; and
 - Proper disposal of the seeds and/or specimens containing the seed(s).

Please attach documentation of the completed training. (Contact EHS Radiation Safety if assistance is needed)

I certify that the above applicant has the required certification or registration and training for administration of radioactive material to human subjects or patients:

Supervisor Name:

AU Name:

Title:

Title:

Supervisor Signature:

AU Signature:

Date:

Date:

UNIVERSITY OF VIRGINIA
**QUALIFIED USER (QU) APPLICATION
 FOR RADIOACTIVE MATERIAL USE**

Form RS-2
 Rev. 3, 8-18

Please fill out completely and submit to the Radiation Safety Office

Please keep a copy for your records

The following table will be used as guidance to determine if an individual should be issued a dosimeter to monitor external dose. The **guidelines** are generally based on total activity used in 1 month.

Radioisotope(s)	Activity (mCi)	Type of Monitoring
C-14,H-3,P-33 & S-35	any amount	none required
P-32	< 6 mCi	none required
	≥ 6 mCi < 30 mCi	ring dosimeter
	≥ 30 mCi	ring dosimeter & whole body dosimeter
Ca-45	< 50 mCi	none required
	≥ 50 mCi	ring dosimeter
Low Energy Gamma Ray Emitters < 200 keV (e.g. I-123, I-125, Tc-99m, Tl-201)	< 50 mCi	none required
	≥ 50	ring and whole body dosimeter
High Energy Gamma Ray Emitters ≥ 200 keV (e.g. Cr-51, I-131, Co-60, Cs-137, F-18, N-13)	< 2 mCi	none required
	≥ 2 mCi < 5 mCi	ring dosimeter
	≥ 5 mCi	ring badge & whole body dosimeter