

**PRINCIPAL INVESTIGATOR (PI) APPLICATION**

**FOR POSSESSION AND USE OF RADIOACTIVE MATERIAL**

PLEASE FILL OUT COMPLETELY

PLEASE KEEP A COPY FOR YOUR RECORDS

1. NAME (last, first, m.i.)	1a. POSITION/TITLE	1b. Employee ID Number	2. DATE
3. UVa Computing ID		3a. DEPARTMENT & MESSENGER MAIL ADDRESS	3b. PHONE
4. BUILDING & ROOM(S) WHERE RADIOACTIVE WORK WILL BE PERFORMED		4a. PREVIOUSLY AUTHORIZED BY UVA RADIATION SAFETY COMMITTEE AS: <input type="checkbox"/> Qualified User FOR          YEARS <input type="checkbox"/> General User FORMER PRINCIPAL INVESTIGATOR NAME & PI#	
5a. DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, contact the RSO at 2-4911 for additional requirements)	5b. DO YOU PLAN TO USE RADIOACTIVE MATERIAL IN ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES	5c. WILL WORK INVOLVE USE OF >100 MCI OF A RADIONUCLIDE WITH HALF-LIFE GREATER THAN 120 DAYS? <input type="checkbox"/> NO <input type="checkbox"/> YES	5e. WILL YOU BE WORKING WITH ANY BIOLOGICAL HAZARDS? <input type="checkbox"/> NO <input type="checkbox"/> YES
<b>6. INSTRUMENTATION TO BE USED FOR RADIATION MONITORING</b>			
Type, Model, and Description of Instrument (include probe type)			Serial No.
7. LABORATORY MONITORING/SURVEYS (check box) <input type="checkbox"/> Any laboratory under my authorization will be surveyed at least once each calendar week if radioactive material is being used.			
8. PERSONNEL MONITORING AND PROTECTION Please refer to the <b>Radiation Dosimetry Guidelines</b> at the end of this application to determine the need for dosimetry. <ul style="list-style-type: none"> <li><input type="checkbox"/> I currently have a whole body badge.</li> <li><input type="checkbox"/> I currently have a ring badge.</li> <li><input type="checkbox"/> I do not require a badge since I will be using only <sup>14</sup>C, <sup>3</sup>H, <sup>35</sup>S, or <sup>33</sup>P.</li> <li><input type="checkbox"/> I do not require a badge since I will be using less than quantities shown in EHS Dosimetry Guidelines</li> <li><input type="checkbox"/> I require dosimetry AND will complete and submit a Dosimeter Application Form.</li> </ul>			
9. SECURITY PLAN Each Principal Investigator must submit a security plan for all areas under his/her supervision where radioactive materials are used and stored. Please describe below:			
10. DESCRIPTION OF LABORATORY FACILITIES Please attach a <b>map</b> of each room which includes the locations of fume hoods, work areas, waste areas, waste containers, shielding, radioactive material storage areas, and entrances and exits.			

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11. PROPOSED USE OF EACH NUCLIDE (Include activity and brief description of procedure.)				
NUCLIDE	REQUESTED LIMIT	PROCEDURE	MAX. ACTIVITY PER PROCEDURE (mCi)	ESTIMATED # PROCEDURES PER MONTH

12. TRAINING			
SUBJECTS	INSTITUTION(s)	DATES	NO. OF HOURS
PRINCIPLES AND PRACTICES OF RADIATION PROTECTION			
RADIATION PHYSICS AND INSTRUMENTATION, DETECTION AND MEASUREMENT			
BASIC MATHEMATICS PERTAINING TO USE AND MEASUREMENT OF RADIOACTIVITY			
BIOLOGICAL EFFECTS OF RADIATION			

13. EXPERIENCE				
NUCLIDES USED	QUANTITY, mCi	INSTITUTION	DATES	TYPE OF USE

THE UNIVERSITY OF VIRGINIA RADIATION SAFETY GUIDE CONTAINS THE POLICIES AND RULES WHICH GOVERN THE USE OF IONIZING RADIATION PRODUCING MATERIALS AND EQUIPMENT AT UVA AS SPECIFIED BY THE RADIATION SAFETY COMMITTEE AND MUST BE ADHERED TO BY ALL USERS.

THE ON-LINE UNIVERSITY OF VIRGINIA RADIATION SAFETY GUIDE URL IS

<http://ehs.virginia.edu/Radiation-Safety-Guide.html>

YOU MUST COMPLETE THE ON-LINE UNIVERSITY OF VIRGINIA RADIATION SAFETY TRAINING COURSE AND TEST BEFORE THIS APPLICATION WILL BE PROCESSED. THE ON-LINE UNIVERSITY TRAINING URL IS:

<http://ehs.virginia.edu/Radiation-Safety-Training.html>

14. APPLICANT SIGNATURE

**By my signature, I attest that all information provided on this application is true and accurate**

SIGNATURE:	DATE:
EHS USE ONLY	

Health Physicist Review: <input type="checkbox"/> Recommended Approval Comments:	Signature: Date:
RSC Reviewer #1: <input type="checkbox"/> Recommended Approval Comments:	Signature: Date:
RSC Reviewer #2: <input type="checkbox"/> Recommended Approval Comments:	Signature: Date:
PI NUMBER ASSIGNED:	RSO SIGNATURE:

## Radiation Dosimetry Guidelines

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 to < 30 mCi	ring dosimeter
	≥ 30 mCi	ring badge & whole body dosimeter
Ca-45	< 50 mCi	none required
	≥ 50 mCi	ring dosimeter
Low Energy Gamma Ray Emitters, < 200 keV (I-125, Tc-99m, Tl-201)	< 50 mCi	none required
	≥ 50 mCi	ring and whole body dosimeter
High Energy Gamma Ray Emitters, ≥ 200 keV (Cr-51, I-131, Co-60, Cs-137)	< 2 mCi	none required
	≥ 2 mCi to < 5 mCi	ring dosimeter
	≥ 5 mCi	ring badge & whole body dosimeter