

UNIVERSITY OF VIRGINIA
OFFICE OF ENVIRONMENTAL HEALTH & SAFETY/RADIATION SAFETY

GENERAL USER APPLICATION

FOR USE OF RADIOACTIVE MATERIAL

Please Fill Out **COMPLETELY**

1. NAME (last, first)	1a. POSITION/TITLE	1b. Employee ID Number
3. UVa Computing ID	3a. Email	3b. PHONE #
4. PRINCIPAL INVESTIGATORS (PI) NAME:		4a. LAB PHONE NUMBER:
5. WHAT DEPARTMENT DO YOU WORK IN?		
<p>6. TRAINING</p> <p>You must complete radiation safety training and pass the test before this application will be processed or approved: Radiation Safety Training Course, unless you taken training at another facility. If yes, please list the training and location:</p>		
<p>7. HAVE YOU FORMERLY BEEN APPROVED BY EHS TO USE RADIOACTIVE MATERIALS AT UVA? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF SO, UNDER WHICH PI'S AUTHORIZATION? PI NAME:</p>		
<p>8. Please Provide A Brief Description Of Previous Academic Training, Retraining, And/Or Experience With Radioactive Materials. Include Name Of Institution And Approximate Dates Of Training.</p>		
<p>9. Please Provide A Brief Description Of Your Proposed Use Of Radioactive Materials - Include Specific Radionuclide(s) And Approximate Amount Of Activity (mCi) You Plan To Use</p>		
<p>10. PERSONNEL MONITORING AND PROTECTION</p> <p>Please refer to the table at the end of this application to determine the need for dosimetry.</p> <p><input type="checkbox"/> I currently have a whole body dosimeter. <input type="checkbox"/> I currently have a ring dosimeter.</p> <p><input type="checkbox"/> I do not require a dosimeter since I will be using only ¹⁴C, ³H, ³⁵S, or ³³P.</p> <p><input type="checkbox"/> I do not require a dosimeter since I will be using less than quantities shown in the EHS Dosimetry Guideline</p> <p><input type="checkbox"/> I require dosimetry AND will submit a Dosimeter Application Form: http://ehs.virginia.edu/Radiation-Safety-Dosimetry.html</p> <p>The University of Virginia's RADIATION SAFETY PROGRAM MANUAL contains the POLICIES which govern the use of IONIZING RADIATION PRODUCING MATERIALS AND EQUIPMENT AT UVA, as specified by the THE RADIATION SAFETY COMMITTEE, and must be adhered to by all approved Users</p> <p>The RADIATION SAFETY PROGRAM MANUAL can be found at: Radiation Safety Program Manual, UVA-EHS (virginia.edu)</p>		
By my signature, I attest that all information provided on this application is true and accurate		
Applicant SIGNATURE:		DATE:
PI for Radioactive Material Use SIGNATURE: <i>I accept responsibility for radioactive material use by this applicant</i>		DATE:

EHS USE ONLY	
Health Physicist/ARSO Review: <input type="checkbox"/> Recommended Approval	
Comments:	
Signature:	Date:
ARSO/RSO Review: <input type="checkbox"/> Recommended Approval	
Comments:	
Signature:	Date:
	Entered into HP Assist <input type="checkbox"/>

Please use the following table to determine if you will require a whole body and/or ring dosimeter.

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