

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

GENERAL USER APPLICATION

FOR USE OF RADIOACTIVE MATERIAL

Please Fill Out **COMPLETELY**

Please retain a copy for your records

1. NAME (last, first, m.i.)	1a. POSITION/TITLE	1b. Employee ID Number
3. UVa Computing ID / EMAIL Address	3a. YOUR DEPT MESSENGER MAIL ADDRESS	3b. PHONE #
4. PRINCIPAL INVESTIGATORS (PI) NAME:	4a. LAB PHONE NUMBER:	
5. WHAT DEPARTMENT DO YOU WORK IN?		
<p>6. HAVE YOU COMPLETED THE UVA RADIATION SAFETY TRAINING COURSE (RSTC)? (ONLINE course, 3 MODULES) NOTE: The RSTC Includes the Radiation Safety Guide Lecture</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes, date completed? (you should have received an email after successful completion)</p> <p style="text-align: center;"><u>You Must Complete Radiation Safety Training and Pass the Test Before This Application Will Be Processed or Approved</u></p> <p>Other or Alternate EHS Approved Training Completed:</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: PI #</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.		
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>10. PERSONNEL MONITORING AND PROTECTION</p> <p>Please refer to the <u>Radiation Dosimetry Guideline</u> 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 GUIDE contains the POLICIES and RULES 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 GUIDE can be found at: http://ehs.virginia.edu/Radiation-Safety-Guide.html</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 Review: <input type="checkbox"/> Recommended Approval	
Comments:	
Signature:	Date:
RSO Review: <input type="checkbox"/> Recommended Approval	
Comments:	
Signature:	Date:
PI NUMBER:	Entered into HP Assist <input type="checkbox"/>

You may be required to wear dosimetry during your work with radioactive material. Please use the following table to determine if you will require a whole body and/or ring dosimeter. Please visit the EHS website to complete an online dosimetry request form.

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

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