

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

RS-2
 Rev. 3, 1-20

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 & MESSENGER MAIL ADDRESS		3b. PHONE NUMBER	
				3c. E-MAIL ADDRESS	
3c. BUILDING & ROOMS WHERE RADIOACTIVE MATERIAL WORK WILL BE PERFORMED		4a. PRINCIPAL INVESTIGATOR or AUTHORIZED USER NAME & NO. AND EHS ASSIGNED AU OR PI NUMBER		4b. PREVIOUSLY AUTHORIZED BY UVa RADIATION SAFETY COMMITTEE AS: <input type="checkbox"/> GENERAL USER FOR _____ YEARS <input type="checkbox"/> QUALIFIED USER FOR _____ YEARS FORMER PRINCIPAL INVESTIGATOR USER NAME & 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 ON USING 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. PERSONNEL MONITORING & PROTECTION					
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 BADGE					
<input type="checkbox"/> I CURRENTLY HAVE A RING BADGE					
<input type="checkbox"/> I DON'T REQUIRE A BADGE 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 BADGE(S) – USE DOES NOT EXCEED AMOUNTS IN GUIDELINE					
7. TRAINING					
		<u>INSTITUTION</u>		<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. EXPERIENCE					
NUCLIDES USED	QUANTITY, mCi	INSTITUTION	DATES	TYPE OF USE	

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

RS-2
 Rev. 3, 1-20

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 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>

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

APPLICANT SIGNATURE:

DATE:

PI SIGNATURE:

DATE:

FOR ACADEMIC QUALIFIED USERS:

THIS QUALIFIED USER APPLICANT HAS PERMISSION TO ORDER RADIOACTIVE MATERIAL IN MY ABSENCE: Yes No N/A

EHS USE ONLY

ACADEMIC QU

MEDICAL USE QU

DATE RECEIVED:

RECEIVED THE
 PROPER
 DOCUMENTATION?
 YES NO

RSTC TEST SCORE:

INDEX NUMBER:

Health Physicist Review: Recommended Approval

Signature:

Comments:

Date:

RSO Review: Recommended Approval

Signature:

Comments:

Date:

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

RS-2

Rev. 3, 1-20

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 using radioactive materials on human subjects.

Answer 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. Are you working with radioactive seed localization procedures? **Yes** **No**

If yes, provide the following information:

1. **Surgeons**, working under the supervision of an authorized user described above, who insert the seed or locate and remove the tissue containing the seed(s) should 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).

Include documentation of the completed training for review by your supervisor and AU.

I certify that the above applicant has the required certification or registration or training for use with human subjects:

Supervisor Name:

Supervisor Signature:

Title:

Date:

AU Name:

AU Signature:

Title:

Date:

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

RS-2
 Rev. 3, 1-20

Please fill out completely and submit to the Radiation Safety Office

Please keep a copy for your records

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