

Application for Use of Radioactive Sealed Sources

Application Type: Initial Amendment Application #: _____

Section 1 - Applicant Information

A. Principle Investigator (Supervisor): _____ SU ID: _____
 Title: _____ Department: _____
 Office Phone#: _____ Lab Phone #: _____ Cell Phone #: _____

B. A copy of your Curriculum Vitae is provided with the application. Yes No

Link to CV: _____

C. Do you have previous experience in using radioactive sealed sources? Yes No

If Yes, please describe (include locations, dates, process descriptions, isotopes, and quantities):

EHSS Comments on Section 1

Section 2 - Personnel and Training

List all personnel who will use radioactive materials under your supervision (add additional rows as necessary). All individuals listed must complete Syracuse University's Radioactive Sealed Source User Training Program prior to their use of radioactive sealed sources.

Name	SUIID#	Category*	Previous Radiation Use (Y/N)	Years of Experience

*Category: Graduate Student, Undergraduate Student, Faculty, Staff, Other (describe)

Personnel who will use radiation sealed sources in this laboratory will:

- Complete EHSS' radiation safety training prior to using radiation Yes No
- Complete EHSS radiation safety refresher training annually Yes No
- Be provided with lab specific safety training prior to using radiation Yes No

EHSS Comments on Section 2

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Section 3 - Radioactive Source Possession Limits

Indicate each sealed radioactive source proposed for use in the following table. Contact EHSS if you are unsure if the desired source(s) is available in the University's current sealed source inventory.

Isotope	Maximum Activity microcuries	Form/Description	Currently available at University (Y/N)	Supplier if to be procured new

EHSS Comments on Section 3

Section 4 - Radioactive Source Procurement Justification

If you are proposing to procure a new sealed radioactive source with a half-life greater than 90 days, a justification for this proposed procurement must be provided below. This justification must demonstrate there is no suitable source available in the University's current sealed source inventory and a short half-life source or non-radioactive alternative isn't reasonably substitutable.

EHSS Comments on Section 4

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Section 5 - Radiation Use Operations

A. Estimate the expected duration of your proposal:	
B. Describe the overall scope of your proposed use of radioactive sealed sources:	
C. Provide the specific procedures for the operations involving the use of radioactive sealed sources: (Attach separate sheets is needed)	

EHSS Comments on Section 5

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Section 6 - Safety Equipment

Check all equipment that will be available:

- Nitrile Gloves
- Lab Coats
- Handling Tongs
- Lockable Storage
- Radiation Shielding
- Shielded Storage
- Radiation Signage
- Radiation Dosimetry
- Appropriate Survey Meter (describe): _____
- Other equipment (describe): _____

EHSS Comments on Section 6

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Section 7 - Facilities

- A. List all rooms where radioactive sealed sources will be used or stored. Include where/how radioactive sealed sources will be used or stored in each room and any associated equipment that will be used in the room(s):

Building	Room	Purpose/Use	Locked/swipe card access control

- B. Will any of these areas be accessible to individuals who are not authorized to use sealed sources:

Yes No

If yes, please indicate the types of individuals having access (i.e. custodians, students, etc.):

EHSS Comments on Section 7

Section 8 - Radiation Exposure Hazard Evaluation

- A. What is the highest ambient radiation exposure(s) expected:

Source use operations:	
Source storage location(s):	
Other locations:	

Steps to be taken to keep exposures as low as possible:	.
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- B. Describe the exposure likely in adjacent non-controlled areas and steps that will be taken to ensure that exposures are kept below the public dose limits (<2mR/hr and < 100mRem/year)

- C. Describe the expected radiation dose to personnel from both internal and external exposure. Highlight any operation which could in any way produce excessive radiation exposure.

Internal Exposure:	
External Exposure:	

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D. EHSS will provide radiation exposure monitoring dosimetry for individuals authorized to use sealed radioactive sources, with some exceptions. Confirm if issued your laboratory will:

- Use dosimetry monitors as assigned Yes No
- Store dosimetry in a centralized location in the lab Yes No
- Report lost or damaged dosimetry to EHSS Yes No

EHSS Comments on Section 8

Section 9 - Contamination Monitoring

EHSS will perform a quarterly inventory and semi-annual leak test of all sealed sources. Confirm you will:

- Make sources available to EHSS to perform the required testing: Yes No
- Use the sources in a manner to maintain their sealed integrity: Yes No
- Notify EHSS of any breach of integrity or suspected issue: Yes No

EHSS Comments on Section 9

Section 10 - Radioactive Waste

Will these operations generate radioactive waste: Yes No

If Yes, explain: _____

EHSS Comments on Section 10

Section 11 - Security

Describe the steps that will be taken in your laboratory to prevent the unauthorized removal of radioactive materials (i.e., locked storage cabinet).

EHSS Comments on Section 11

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Section 12 - Assurance Statement

I acknowledge responsibility for all radioactive materials used in my laboratory and agree to comply with all applicable law and regulations and University requirements for the use of radioactive materials. I am familiar with the applicable requirements of [Syracuse University Radiation's Protection Program](#). I will ensure this information is readily available to all persons using radioactive material in my laboratory. I also agree to have standard operating procedures for all operations proposed in this application available.

As radioactive material supervisor, I accept the responsibilities of the title as described in Section 1.3 Radiation Protection Program Handbook. I assume the responsibility of assuring that all individuals using radioactive material in my lab have completed the required radioactive material training program and have received the required supervised training. I also agree to assure that all exposures from radioactive sources used in my laboratory are kept as low as reasonably achievable. I also assure that all radioactive material use conducted in my lab will be in accordance with the terms and conditions of my application, the [Radiation Protection Program Handbook](#), the University's radioactive material license and applicable rules and regulations.

I am aware that any additions or modifications to approved procedures or radioactive material use in my lab that could potentially increase or modify the radiation hazard or introduce a new hazard must be approved by the Radiation Safety Committee.

I certify that all information provided, and all statements made in this application are true and complete to the best of my knowledge.

Signature of Applicant _____

Date: _____

EHSS Overall Comments

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EHSS Use Only

Application Number:		Amendment Number:			
Date Received:		Date To RSC:		Date Approved:	

Application's Major Requirements Summary

This is a summary of major requirements and not an all-inclusive list of all requirements for this application.