



APPLICATION FOR RADIOACTIVE MATERIALS PERMIT

1. PROSPECTIVE USER INFORMATION

Name	Title	Department
Office Location	Telephone	E-mail Address

Personal Identification Information

UGA ID Number

Emergency and after-hours contact information

Contact Priority	Name	Telephone / Pager Number	Telephone / Pager Number
Primary			
Alternate			

2. RADIATION SAFETY PROCEDURES

Procurement, use, storage, and disposal of radioactive material at the University of Georgia must be conducted such that compliance with the following is achieved:

The State of Georgia, Environmental Protection Division, Department of Natural Resources, *Rules and Regulations for Radioactive Materials*, chapter 391-3-17.

This document may be viewed on the internet at the following address:

http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=GEORGIA_DEPARTMENT_OF_NATURAL_RESOURCES%2FENVIRONMENTAL_PROTECTION%2FRADIOACTIVE_MATERIALS%2Findex.html&d=1

The University of Georgia Radiation Safety Manual. This document is available from Radiation Safety and is posted on the Research Safety website at: <https://research.uga.edu/safety/>

Please read and understand all applicable sections of the above listed documents prior to completing this application.



3. REQUESTED RADIOACTIVE MATERIAL TYPES AND QUANTITIES

Isotope	Maximum Quantity (mCi) to Possess at One Time	Chemical/Physical Form	Maximum Estimated Single Order Quantity (mCi/shipment)	Estimated Annual Usage (mCi/year)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Comments/Additional Information:

4. PROPOSED USE LOCATION

Radioactive Material; Reference Item Numbers in Section 3	Building/ Use or Storage Location	Room Numbers



Research Safety

Office of Research

UNIVERSITY OF GEORGIA

5. PROPOSED USES

Please provide here, or as an attachment, information detailing proposed uses in accordance with section 5 of the *Instructions for Radioactive Materials Permit Application*.



6. PROSPECTIVE USER TRAINING AND EXPERIENCE SUMMARY

Prospective User Radiation Safety Training History

Description of Training Course	Approximate # of Hours	Location / Institution	Date

Radiological Work Experience of Prospective User

Isotopes / Quantity Range	Location / Institution	Date

7. TECHNICIAN OR ASSISTANT TRAINING AND EXPERIENCE SUMMARY

Name	Title	Department
Office Location	Telephone	E-mail Address

Personal Identification Information

UGA ID Number



Technician or Assistant Radiation Safety Training History

Description of Training Course	Approximate # of Hours	Location / Institution	Date

Radiological Work Experience of Technician or Assistant

Isotopes / Quantity Range	Location / Institution	Date

8. FACILITIES DESCRIPTION

Please an attachment, information regarding radioactive materials use and storage facilities. Include a map or diagram of the laboratory as an attachment in accordance with section 8 of the *Instructions for Radioactive Materials Permit Application*.

9. LIST OF RADIATION / CONTAMINATION MONITORING EQUIPMENT

Instrument Manufacturer	Model Number	Detector Type	Instrument Range (include units: cpm, mr/hr, etc.)	Calibration Due Date

Comments/Additional Information:



10. WASTE HANDLING AND DISPOSAL

Sewer disposal planned? (yes/no)			
Isotope	Solution (chemical/physical form)	Maximum Concentration	Requested Monthly Limit
		0.05 µCi/ml	µCi
		0.05 µCi/ml	µCi
		0.05 µCi/ml	µCi
I understand that sewer disposal records must be submitted to the Radiation Safety Office monthly. (initials)			

Mixed waste anticipated? (yes/no)			
Isotope	Estimated Activity/Unit of Volume (i.e. µCi/ml)	Hazardous Waste Chemical Name	Estimated Activity per Unit of Time (i.e. µCi/month)
I understand that I will be charged the actual cost for disposal of mixed waste containing radioisotopes with a half life ≥ 100 days. (initials)			

Biomedical waste anticipated? (yes/no)			
Isotope	Estimated Activity/Unit of Volume (i.e. µCi/ml)	General Description	Estimated Quantity per Unit of Time (i.e. µCi/month)
I understand all biomedical waste must be verified deactivated, decontaminated, or sterilized. (initials)			

Project specific waste control plan attached? Yes No (circle one)
--



11. PROJECT SPECIFIC INFORMATION REGARDING METHODS TO MAINTAIN EXPOSURE TO RADIATION AND RADIOACTIVE MATERIALS ALARA

Please provide here, or as an attachment, project specific ALARA information in accordance with section 11 of the *Instructions for Radioactive Materials Permit Application*.



Research Safety

Office of Research

UNIVERSITY OF GEORGIA

ACKNOWLEDGEMENT OF RESPONSIBILITY

If permitted to use radioactive materials at the University of Georgia, I acknowledge my acceptance of the following responsibilities:

- Radioactive materials will only be used in accordance with the provisions requested in this Radioactive Materials Permit Application and as set forth in the Radioactive Materials Permit, including any amendments and authorized attachments.
- All personnel working under my permit will be provided appropriate radiation safety training and personnel protective equipment before they begin work. Records of Radiation Worker training will be maintained at the work location.
- I understand that specific radiation exposure limits apply for declared pregnant females, persons under the age of 18, and members of the public.
- I will ensure that adequate facilities, equipment, supplies, staffing, and monetary resources will be authorized for the safe conduct of radiological work.
- Exposure to radiation and radioactive materials will be kept As Low As Reasonably Achievable (ALARA) for UGA personnel, members of the public, and the environment.
- Radioactive materials will not be used in or on human beings, or in products distributed to the public.
- I understand and accept that my use of radioactive materials is subject to all applicable rules, regulations, and orders now or hereafter in effect by the Nuclear Regulatory Commission, Georgia Department of Natural Resources, the University of Georgia Radiation Safety Committee, and as specified by the University Radiation Safety Office.

Prospective User: _____ **Date:** _____

signature

Department Head: _____ **Date:** _____

signature