

UNIVERSITY OF HOUSTON
Radiation Safety Manual

Application for Radioactive Material Sublicense

Principal Investigator: _____ Department: _____

Office Location: _____ Office Phone #: _____ E-Mail: _____

Emergency After Hours Contact: _____ Phone #: _____

Radioactive Material Use Locations & Phone #s: _____

Radioactive Material Data:

Radioisotope	Maximum Possession Limit (mCi)	Chemical Compound(s)	Physical Form

Summary of radioisotope(s) procedures:

Describe radioactive waste generated:

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State specific actions for volatile compounds or use that generates aerosols:

Summary of Principal Investigator's training and experience with radioisotopes including locations, courses, radioisotopes, activities, and duration. Principal Investigators must attend the UH Radioactive Material Safety Short Course.

List of Authorized Users*:

*New Authorized Users must have read the Radioactive Materials Section of the Radiation Safety Manual and must verify by signing their initials. _____

*New Authorized Users must have received specific radiation safety training for the radiation hazards in their labs from their Principal Investigator and must verify by signing their initials. _____

*New Authorized Users must have attended and passed the UH Radioactive Material Safety Short Course and must verify by signing their initials. _____

(Other Authorized Users may be added later by amendment after completing these requirements)

Radiation Instrumentation:

Gamma Counter -

Manufacturer/Model/Serial #/Location _____

Liquid Scintillation Counter -

Manufacturer/Model/Serial #/Location _____

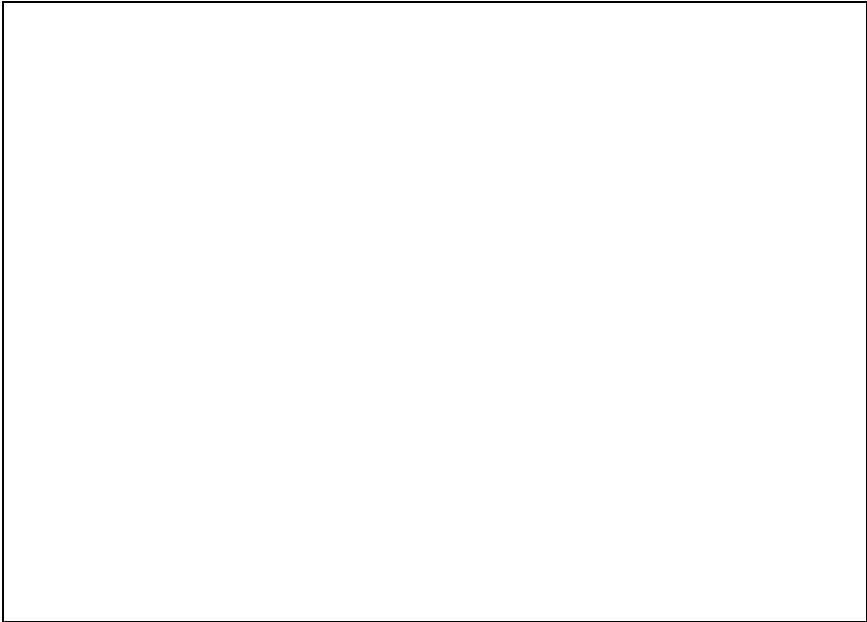
Survey Meter(s) -

Manufacturer/Model/Serial #/Calibration Date/Location _____

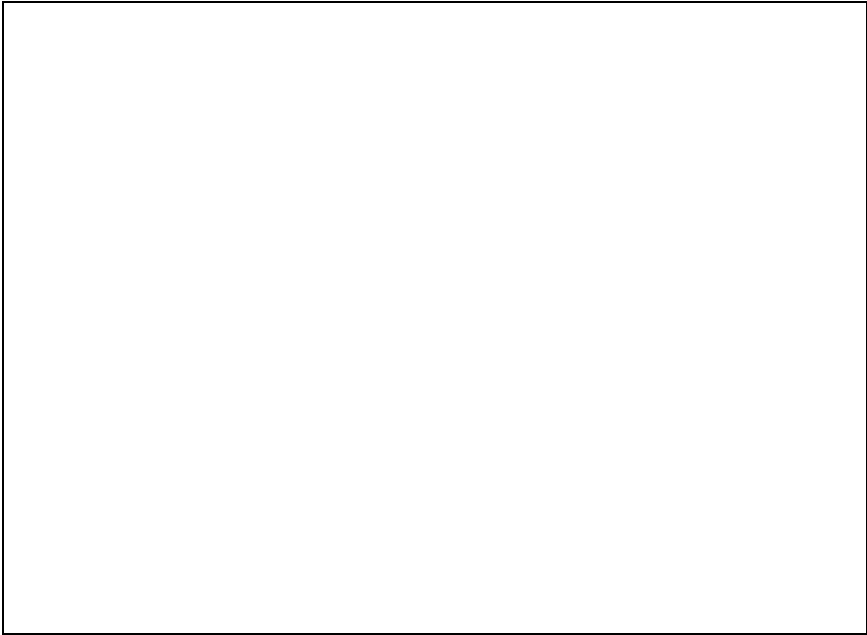
A detailed drawing of each area where radioactive materials will be used including storage areas, counting rooms, cold and/or hot rooms, and common equipment areas is required. Waste locations, work areas, fume hoods, shielding, storage, etc. should be included on the diagrams. (Use additional copies of page 3 if necessary):

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Diagrams:



Building: _____ Room: _____



Building: _____ Room: _____

