Application for Radioactive Material Sublicense

**Instructions**

All Principal Investigators (PI) must be approved and sub-licensed by the Radiation Safety Committee prior to using Radioactive Materials. Additionally, requests for procurement and radioactive material shipment must be coordinated with Environmental Health & Safety (EHS) per MAPP 04.01.01.

The application involves primary items that are required to be completed before the application will be presented for the Radiation Safety Committee’s review and approval. Complete this application form and submit to the Radiation Safety Officer (RSO) in the EHS Department. It is very important for the PI to ensure all required items are addressed to avoid delays; approval for use and request to purchase radioisotopes will not be granted until the application is approved by the Radiation Safety Committee.

A facility evaluation will be performed during the application review process to ensure proposed research can be conducted safely. Training recommendations required for the PI and all Authorized Users (AU) is part of the application review process and should be completed as early as possible. The RSO will provide assistance to the PI with this application review process.

**Sub-License Information (to be completed by the Principal Investigator****)**

***Animal Use requires an Addendum Application available on EHS website to be submitted as part of this application.***

1. PI/Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Lab Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Building/ Office #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Lab Location/Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Purpose or Intended Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Survey Instrument (Manufacturer/Model/Serial #/Recent Calibration Date):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Analytical Instrumentation

Gamma Counter (Manufacturer/Model/Serial #/Location/Recent Calibration date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liquid Scintillation Counter (Manufacturer/Model/Serial #/Location/Recent Calibration date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Radioactive Material Request Information

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

1. Proposed Radioactive Material Control Measures (If YES, provide description below)

Yes No

Posted entrances

Access control

Hot Work Area established

Warning label

Additional Shielding required

Survey/Analytical Instrument readily available

Work with volatile (aerosol generating) materials/compounds

Standard Operating Procedures/Emergency procedures

Emergency contacts posted

Personnel authorization

Radioactive materials are secured from unauthorized move/theft

Limited access to spectators/visitors

Designated location of radiation badges (when not in use) indicated

Provide the following specific information (*use additional sheet as needed*):

1. Summary of PIs training and experience with radioactive materials including institution, courses taken, isotopes, and duration.

1. Summary of radioactive material procedures. *Specify* *any hazardous chemicals that will be used alongside radioactive materials.*

1. State specific actions for volatile (aerosol generating) materials/compounds if applicable.

1. Describe the wastes to be generated (solid, liquid, liquid scintillation vials, etc.) and waste handling procedures

1. Monthly survey and wipe tests procedures.

1. Describe laboratory access control and radioactive material security.

1. Outline a method in which EHLS can access radioactive sources for removal and/or users can be denied access to sources in the event of non-compliance. (This outline will be verified during the application review process).

Additional Information:

1. Provide a detailed drawing of each area where radioactive materials will be used including storage areas, counting rooms, and common equipment areas. Waste locations, hot work areas, fume hoods, shielding, storage, etc. should be included on the drawing. Use additional pages if necessary.

* Identify laboratory equipment that may become contaminated
* Identify non-radioactive work areas within the laboratory
* Identify location where radioactive material will be used or stored
* Identify location of storage units (refrigerators, freezers, etc.)
* Specify location of radiation badges (when not in use) indicated
* Identify radioactive waste storage areas
* Identify floor areas within the laboratory

1. **Important notes:**
2. Certification of training must be documented for all users of Radioactive Materials.

List of Authorized Users\*:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSID \_\_\_\_\_\_\_\_ UH Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSID \_\_\_\_\_\_\_\_ UH Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSID \_\_\_\_\_\_\_\_ UH Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSID \_\_\_\_\_\_\_\_ UH Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSID \_\_\_\_\_\_\_\_ UH Email:\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_

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

\* 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.

\* Authorized Users must have attended and passed the UH initial Radioactive materials Safety Course and/or refresher course and must verify by signing their initials.

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

1. This application is strictly for non-human use only. Radioactive material use on humans under the scope of this authorization is prohibited.

1. Any actual or suspected radiation exposure must be reported to the RSO immediately.
2. Equipment, Device and Laboratory Status Change: Change in equipment or laboratory status from “Active” to “Inactive” and vice versa must be communicated to the RSO immediately. Radioactive material laboratories that wish to remain inactive should contact Radiation Safety for additional requirements.
3. Loss or theft of radioactive material, or suspicion must be reported to the RSO immediately upon notice.
4. Notify the RSO prior to laboratory close, relocation, and/or transfer of Radioactive Materials to another PI, including transfer out of the University. PIs leaving the University must follow the [PI checkout procedure](http://www.uh.edu/ehs/manuals_and_forms/PI_Checkout_Procedure.pdf) on the EHS website.
5. Notify the RSO before addition of an Authorized User. Privileges of departing Authorized Users should be suspended immediately and communicated to the RSO. Radiation badge (where issued) should be collected and returned to the RSO.

**CERTIFICATION**

I certify that the information contained herein and attached hereto are true and correct to the best of my knowledge.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_