

Radioisotope Use Authorization Application (Sealed Source Only)

Last Name: First Name: Middle Initial:

Academic Title: Department: Index #:

Lab Manager or Contact:

******* Radioisotope Use Locations *******

Building	Room Number	Room Use

******* Project Summary *******

******* Shielding *******

Please indicate all that will be available in the lab:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Lucite L Block(s) | <input type="checkbox"/> Lucite box(es) for stock storage | <input type="checkbox"/> Lead Bricks |
| <input type="checkbox"/> Leaded L Block(s) | <input type="checkbox"/> Leaded box(es) for stock storage | <input type="checkbox"/> Lead Foil |
| <input type="checkbox"/> Other : _____ | | |

******* Authorized Radioisotope Users *******

Please list all proposed authorized users and submit an Enrollment Form for each:

Have all of the above listed researchers attended UCSD's Basic Radiation Safety Seminar? No Yes

If no, please list the date by which all proposed users will have attended Basic Radiation Safety:

******* Proposed Isotope Use *******

Please list all sealed sources that will be used under this RUA:

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

******* Radiation Detection Equipment *******

Please list all survey meters, liquid scintillation counters, gamma counters, etc. to be used under this RUA:

Make	Model	Serial Number	Calibration Date

******* Previous Experience *******

Complete the following table for all isotopes with which the Principal Investigator has at least 40 hours training and experience:

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

Complete the following table for all isotopes with which the Lab Manager or Contact has at least 40 hours training and experience:

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

Radioisotope	Activity (mCi)

***** **Signatures** *****

I hereby certify that all information in this statement is true and correct. I have read, understood and will comply with the requirements of UCSD's Radiation Safety Manual.

Submitted By:

PI Signature

_____/_____/_____

Date

Approved By:

Department Chair Signature

_____/_____/_____

Date

***** **Attachments** *****

Please attach the following:

- Curriculum Vitae
- Current award notices for grants that involve radioactive materials