UNIVERSITY OF VIRGINIA OFFICE OF ENVIRONMENTAL HEALTH & SAFETY/RADIATION SAFETY

GENERAL USER APPLICATION

FOR USE OF RADIOACTIVE MATERIAL

Please Fill Out COMPLETELY						
1. NAME (last, first)	1a. POSITION/TITLE 1b		1b. E	o. Employee ID Number		
3. UVa Computing ID	3a. Email				3b. PHONE #	
4. PRINCIPAL INVESTIGATORS (PI) NAME:			4a. LAB PHONE NUMBER:			
5. WHAT DEPARTMENT DO YOU WORK IN?						
6. TRAINING You must complete radiation safety training a <u>Radiation Safety Training Course,</u> unles	-		-			
7. HAVE YOU FORMERLY BEEN APPROVED BY EHS TO USE RADIOACTIVE MATERIALS AT UVA? NO YES IF SO, UNDER WHICH PI'S AUTHORIZATION? PI NAME:						
 Please Provide A Brief Description Of Previous Academic Training, Retraining, And/Or Experience With Radioactive Materials. Include Name Of Institution And Approximate Dates Of Training. 						
9. Please Provide A Brief Description Of You Approximate Amount Of Activity (mCi) You			nclude Specific F	Radio	nuclide(s) And	
 10. PERSONNEL MONITORING AND F Please refer to the table at the end of thi I currently have a whole body dosim I do not require a dosimeter since I w I do not require a dosimeter since I w I require dosimetry AND will submit a 	s applic eter. vill be u vill be u	ation to determine the need for dosin I currently have a ring dosimet sing only ¹⁴ C, ³ H, ³⁵ S, or ³³ P.	er. e EHS Dosimetry			
The University of Virginia's RADIATION SAFETY PROGAM MANUAL contains the POLICIES which govern the use of IONIZING RADIATION PRODUCING MATERIALS AND EQUIPMENT AT UVA, as specified by the THE RADIATION SAFETY COMMITTEE, and must be adhered to by all approved Users						
The RADIATION SAFETY PROGRAM MANUAL can be found at: <u>Radiation Safety Program Manual, UVA-EHS (virginia.edu)</u> By my signature, I attest that all information provided on this application is true and accurate						
Applicant SIGNATURE:					TE:	
PI for Radioactive Material Use SIGNATU I accept responsibility for radioactive material use		applicant		DA	TE:	

EHS USE ONLY	
Health Physicist/ARSO Review: Comments:	
Signature:	Date:
ARSO/RSO Review: Recommended Approval Comments:	
Signature:	Date:
	Entered into HP Assist

Please use the following table to determine if you will require a whole body and/or ring dosimeter.

Radioisotope(s)	Activity (mCi)	Type of Monitoring		
C-14, H-3, P-33 & S-35	any amount	none required		
	< 6	none required		
P-32	≥ 6 < 30	ring dosimeter		
	<u>></u> 30	ring dosimeter & whole body dosimeter		
Ca-45	< 50	none required		
04-40	<u>></u> 50	ring dosimeter		
Low Energy Gamma Ray Emitters	< 50	none required		
< 200 keV (e.g. I-123, I-125, Tc-99m, TI-201)	<u>></u> 50	ring and whole body dosimeter		
High Energy Gamma Ray Emitters	< 2	none required		
≥ 200 keV (e.g. Cr-51, I-131, Co-60, Cs-137)	<u>></u> 2 < 5	ring dosimeter		
\geq 200 keV (e.g. CI-51, I-151, CO-60, CS-157)	<u>></u> 5	ring badge & whole body dosimeter		