

UNIVERSITY OF VIRGINIA
PRINCIPAL INVESTIGATOR (PI) APPLICATION
 FOR POSSESSION AND USE OF RADIOACTIVE MATERIAL

1a. NAME (last, first, m.i.)		1b. POSITION/TITLE		1c. Employee ID Number	
2a. UVa Computing ID		2.b Email		2c. PHONE	
3. BUILDING & ROOM(S) WHERE RADIOACTIVE WORK WILL BE PERFORMED			4. PREVIOUSLY AUTHORIZED BY UVA RADIATION SAFETY COMMITTEE AS: Qualified User General User FORMER PRINCIPAL INVESTIGATOR NAME & PI#		
5a. DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS? NO YES (If yes, contact the RSO at 2-4919 for additional requirements)	5b. DO YOU PLAN TO USE RADIOACTIVE MATERIAL IN ANIMALS? NO YES	5c. WILL WORK INVOLVE USE OF >100 MCI OF A RADIONUCLIDE WITH HALF-LIFE GREATER THAN 120 DAYS? NO YES	5d. WILL YOU BE WORKING WITH ANY BIOLOGICAL HAZARDS? NO YES		
6. INSTRUMENTATION TO BE USED FOR RADIATION MONITORING					
Type, Model, and Description of Instrument (include probe type)					Serial No.
If you need survey instrumentation from Radiation Safety, please indicate yes:					
7. LABORATORY MONITORING/SURVEYS (check box) Any laboratory under my authorization will be surveyed at least once each calendar week if radioactive material is being used.					
8. PERSONNEL MONITORING AND PROTECTION Please refer to the table at the end of this application to determine the need for dosimetry. I currently have a whole-body badge. I currently have a ring badge. I do not require a badge since I will be using only ¹⁴ C, ³ H, ³⁵ S, or ³³ P. I do not require a badge since I will be using less than quantities shown in EHS Dosimetry Guidelines I require dosimetry AND will complete and submit a Dosimeter Application Form.					
9. SECURITY PLAN Each Principal Investigator must submit a security plan for all areas under his/her supervision where radioactive materials are used and stored. Please describe below:					
10. DESCRIPTION OF LABORATORY FACILITIES Please attach a map of each room which includes the locations of fume hoods, work areas, waste areas, waste containers, shielding, radioactive material storage areas, and entrances and exits.					

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11. PROPOSED USE OF EACH NUCLIDE (Include activity and brief description of procedure.)				
NUCLIDE	REQUESTED LIMIT	PROCEDURE	MAX. ACTIVITY PER PROCEDURE (mCi)	ESTIMATED # PROCEDURES PER MONTH
12. TRAINING				
<p>You must complete radiation safety training and pass the test before this application will be processed or approved: <u>Radiation Safety Training Course</u>, unless you have taken training at another facility. If yes, please list the training and location</p>				
13. EXPERIENCE				
NUCLIDES USED	QUANTITY (mCi)	INSTITUTION	DATES	TYPE OF USE
<p>THE UNIVERSITY OF VIRGINIA RADIATION SAFETY PROGRAM MANUAL CONTAINS THE POLICIES AND RULES WHICH GOVERN THE USE OF IONIZING RADIATION PRODUCING MATERIALS AND EQUIPMENT AT UVA AS SPECIFIED BY THE RADIATION SAFETY COMMITTEE AND MUST BE ADHERED TO BY ALL USERS. IT CAN BE FOUND AT: <u>Radiation Safety Program Manual</u></p>				
14. APPLICANT SIGNATURE				
<p><u>By my signature, I attest that all information provided on this application is true and accurate</u></p>				
SIGNATURE:			DATE:	
EHS USE ONLY				
HP/ARSO Review: Comments:	Recommended Approval	Signature:		
		Date:		
ARSO/RSO Review: Comments:	Recommended Approval	Signature:		
		Date:		
PI NUMBER ASSIGNED:		<input type="checkbox"/> Application entered into HP and forwarded to ACUC		

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Radiation Dosimetry Guidelines

Radioisotope(s)	Activity, mCi	Type of Monitoring
C-14, H-3, P-33 & S-35	any amount	none required
P-32	< 6 mCi	none required
	≥ 6 mCi to < 30 mCi	ring dosimeter
	≥ 30 mCi	ring badge & whole body dosimeter
Ca-45	< 50 mCi	none required
	≥ 50 mCi	ring dosimeter
Low Energy Gamma Ray Emitters, < 200 keV (I-125, Tc-99m, Tl-201)	< 50 mCi	none required
	≥ 50 mCi	ring and whole body dosimeter
High Energy Gamma Ray Emitters, ≥ 200 keV (Cr-51, I-131, Co-60, Cs-137)	< 2 mCi	none required
	≥ 2 mCi to < 5 mCi	ring dosimeter
	≥ 5 mCi	ring badge & whole body dosimeter