



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR NEW SEALED SOURCE APPROVAL

SECTION 1: General Applicant Information

Fill in all sections.

The Approval Safety Coordinator (ASC) is a radiation worker appointed by the Approval Holder who is entrusted to monitor and manage the radioactive material (RAM) use in the laboratory and to act as a liaison between the Approval Holder and Research Laboratory & Safety Services (RLSS).

SECTION 2: Radioactive Sealed Source Use/Storage Locations

List and describe all rooms where sealed source(s) will be used and stored. For “Types of Room”, select one of the following: Cold Room, Dark Room, Laboratory, Common Equipment Room, Storage, Field Site, or Other.

SECTION 3: Radionuclide and Activity Information

List only radionuclides that you intend to begin using immediately, future nuclides can be added via the Approval amendment process. The activity you request for each nuclide must accommodate all source activities containing that radionuclide.

SECTION 4: Previous Radiation Safety Training*

Provide complete information.

SECTION 5: Radioactive Material Experience*

Be very specific with the information that you provide. List all radionuclides, protocols performed, time frame of experience and sources or devices used.

*Insufficient training or experience may result with the requirement to work under the supervision of an existing Approval Holder or granting of conditional approval, i.e. receiving additional training, and more frequent audits. Two years of experience with sources similar to those being requested in the application is considered sufficient.

SECTION 6: Sealed Source Use Protocols

All protocols for the use of sealed sources must be described in detail. In the blank area or on an attached document, provide a description of your experiment including information regarding intended use, ALARA dose reduction methods, shipping and transportation, and secure storage of sources. Include information about the radionuclide activity per source and the anticipated frequency of use. For neutron probes, describe source handling, hole casing, and depth of holes. Explain if the source will leave the state of Arizona or be stored on property other than the University of Arizona.

Submit your protocols on the page provided, and enter only one protocol per page. Use extra pages as needed.

SECTION 7:

To be signed by the applicant.



**THE UNIVERSITY OF ARIZONA
APPLICATION FOR NEW SEALED SOURCE APPROVAL**

RLSS Only HP Review _____

SECTION 1: GENERAL APPLICANT INFORMATION

Approval Holder	First Name			MI	Last Name		Degree	Phone Number
	Department		Office Building Name		Room Number	E-mail		
Approval Safety Coordinator	First Name		Last Name		E-mail		Phone Number	

SECTION 2: RADIOACTIVE SEALED SOURCE USE/STORAGE LOCATIONS

Building Name	Bldg #	Room Number	Type of Room*

*Type of Room - choose one: Cold Room, Dark Room, Lab, Common Equipment Room, Storage, Field Site, Other

SECTION 3: RADIONUCLIDE AND ACTIVITY INFORMATION

Radionuclide						
Max Possession Activity Request	mCi	mCi	mCi	mCi	mCi	mCi

SECTION 4: PREVIOUS RADIATION SAFETY TRAINING

Institution	Course Title or Description	Course Length

SECTION 5: RADIOACTIVE SEALED SOURCE EXPERIENCE

Institution	Dates (From-To)	Radionuclide(s)	Protocols Performed / Sources and Devices Used
	-		
	-		
	-		

SECTION 6: SEALED SOURCE USE PROTOCOL

RLSS USE ONLY
APPROVAL NO: _____

Use page 3 to submit additional protocols, one protocol per form.

Protocol # _____ RLSS use only.		Protocol Frequency (# per month): _____	
Protocol Name:			
Radionuclide:	Source/Device Description:	Source Activity:	
Radionuclide:	Source/Device Description:	Source Activity:	
Will source / device be used as intended by the manufacturer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the protocol involve transporting the source / device?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Before work can begin, approval from other committees, such as the Institutional Animal Care and Use Committee, the Institutional Biosafety Committee, and the Human Subjects Committee, may be required.			

SECTION 7: It is understood that the applicant named herein, upon approval of this application, assumes responsibility for the use of radioactive material assigned to him/her in strict compliance with the rules and regulations administered by the University Radiation Safety Committee, Research Laboratory & Safety Services (RLSS), and the Bureau of Radiation Control.

Further, the applicant is aware that any fines or civil penalties levied by any regulatory authority because of deficiencies in work being performed under the applicant's approval will be paid out of the applicant's departmental funds. (This authority is based upon a directive from the Vice President for Research, Research Discovery & Innovation.)

Signature: _____ Date: _____

EXTRA PAGE: SEALED SOURCE USE PROTOCOL

Protocol # _____ RLSS use only.		Procedure Frequency (# per month): _____
Protocol Name:		
Radionuclide:	Source/Device Description:	Source Activity:
Radionuclide:	Source/Device Description:	Source Activity:
Will sources/ device be used as intended by the Manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the protocol involve transporting the source / device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Before work can begin, approval from other committees, such as the Institutional Animal Care and Use Committee, the Institutional Biosafety Committee, and the Human Subjects Committee, may be required.		