

**APPLICATION FOR AUTHORIZATION TO USE RADIOACTIVE
MATERIALS AT KANSAS STATE UNIVERSITY**

05/2007

Submit two originals: Department of Environmental Health and Safety, 108 Edwards Hall

- All requisitions for the purchase or procurement of radioisotopes must be directed to and approved by the Radiation Safety Office.
- The Radiation Safety Office will be the recipient of all radioisotopes ordered in order to open package and check for contamination
- Each approved application is valid only for the user, radioisotope(s), millicurie amounts, use, and location until December 15th of each year

The following information is necessary for the issuance of authorization for possession or use of radioactive materials. Under the Privacy Act of 1974, all data of a private nature must be protected from unauthorized disclosure. Section 1163 of Title 5 of the U.S. Code authorizes collection of this information. The primary use of this information is for tracking occupational doses of ionizing radiation and verification of safety training as required by Kansas Administrative Regulations 28-35. Collection of this information, including your social security number is authorized by K.A.R. 28-35-230a and 28-35-334. Furnishing the information on the form is voluntary, but failure to do so may result in disapproval of use of radioactive materials or devices or denial of access to laboratories where radioactive materials or devices are used. **Complete all fields of this form.** Please type or print legibly in black ink.

Name:**Title:****eID:****Department:****Office:****Phone:**

List the labs/locations where the radioisotopes will be used:

List experience and training in the use of radioisotope:

List name, department, classification (student, assistant, etc.) and phone number of individuals who will be using radioactive materials under your supervision (attach separate sheet if necessary):

Radioactive Material(s): List chemical symbol and mass number of each isotope requested.

Chemical/Physical Form: List manufacturer and model number if sealed source.

Possession Limit: List maximum amount of millicuries you will possess at any time. Include your post experiment by-product in the total.

What survey instrument is available for your use? Include the make, model, serial number, and range of detection (0-100 mR/hr, or cpm, etc.)

Proposed use: Give sufficient detail concerning the problem and methods of use of the radioactive material(s) to provide a basis for the general evaluation of the health hazards and possible building contamination.

Laboratory Radiation Protection Plan: List procedures and equipment to be used to limit exposure of personnel to As Low As Reasonably Achievable.

Signature of Applicant: _____ **Date:** _____

**Signature of Approval by the
Radiation Safety Committee:** _____ **Date:** _____
Title: _____