APPLICATION FOR NON-HUMAN USE OF RADIOACTIVE MATERIALS

Note: This is an application for non-human use of ionizing radiation. This Application must be submitted in order to receive a permit to be an Authorized User.

Contact the Radiation Safety Office (RSO) at (212) 854-8749 (Columbia University Morningside Heights, Lamont and Nevis campuses) or at (212) 305-0303 (Columbia University Medical Center and NYSPI) for additional information.

Please check one of the following boxes:

☐ **New Application** ☐ **Renewal**

☐ **Amendment**

If this Application is submitted as an Amendment to a previously approved Application, it must be submitted with a cover letter indicating what information in this Application has been changed and the rationale for each change.

I. AUTHORIZED USER

Name: _____ Title: _____
Last First MI

Office Address: _____
Department or Service Building Room No.

Tel No. ( ) _____ Cell No. ( ) _____

E-Mail Address _____

Provide your C.V. if not already on file at the RSO.

Contact person for Radiation Badges: _____

Check either box:

□ No work authorized under this approval will be done when I am unavailable to supervise and all sources of radioactive material will be secured.

□ When I am unavailable, the following person shall assume all duties of the Authorized User under this approval:

Name: _____ Title: _____

II. LOCATION OF USE AND STORAGE

Department: _____ Lab Room No(s): _____

Lab Phone No.: _____

Hood used for radioactive work or storage? Yes □ No □

Attach diagrams of rooms and/or facilities where the radioactivity and/or radiation-generating equipment will be used or stored. Include all waste storage rooms or areas. **Note:** contact the Radiation Safety Office to discuss the need for shielding or other special precautions before purchasing radiation-generating equipment or devices containing more than 100 mCi of radioactivity.

III. RADIONUCLIDES TO BE USED

Complete the following for EACH radionuclide requested (use additional sheet if needed):

Name of Radionuclide	Chemical Compound or Physical Form	Estimated Activity to be Ordered per Shipment (mCi)	Maximum Possession Limit (mCi)	Estimated Activity to be Ordered per Year (mCi)

Give a brief description of the proposed use, including the maximum amount of radioactive material to be used in a single procedure and the frequency of use (used additional page if necessary):

_____

_____

_____

Expected project start date: _____ Expected project end date: _____

Describe special storage and handling of radioactivity (including animal carcasses, tissues, etc.):

_____

_____

_____

Will sharps or infectious materials be used with the radioactive material (i.e., syringe, needle, knife blade or sample of blood, urine or tissue)? Yes □ No □

Describe disposal methods of radioactive or mixed waste:

Radioactive waste: _____

Mixed waste: _____

Is all the material water soluble? Yes □ No □

IV. TRAINING AND EXPERIENCE

Complete the following:

Type of Radiation Safety Training	Where Trained	Duration of Training	Check Yes or No	
			On the Job	Formal Course
Principles and practices of radiation protection			Yes □ No □	Yes □ No □
Radioactivity measurement standardization and monitoring techniques and instruments			Yes □ No □	Yes □ No □
Mathematics and calculations basic to use and measurement of radioactivity			Yes □ No □	Yes □ No □
Biological effects of radiation			Yes □ No □	Yes □ No □

Prior to approval of the Application, the individual listed above as an Authorized User must complete Columbia University radiation safety training.

Describe your experience with radiation (actual use of radionuclide or equivalent experience).

_____

_____

_____

_____

V. ADDITIONAL PERSONNEL

List all persons who will handle, or could be exposed to, the radionuclide(s) under your control:

	Name	Informed (Yes/No)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

All personnel listed in this table must complete Columbia University radiation safety training before they can use radioactive materials or radiation-producing equipment without direct supervision.

VI. RADIATION DETECTION INSTRUMENT(S) TO BE USED

Authorized Users are responsible for purchasing and maintaining radiation detection equipment appropriate to the type(s) of radiation and/or radioactivity being used. List types and model numbers of the equipment that are currently located in or will be purchased prior to beginning work.

Analytical (LSC, etc.)		**Survey Meters**		
Type	Model No.	Type	Serial No.	Model No. & Probe

VII. SIGNATURES

The applicant certifies that the information provided in this Application is complete and correct and agrees that he/she will:

A. Comply with all applicable federal, state and local laws and Columbia University policies regarding the safe use of radiation.

B. Implement no changes in this Application without prior Radiation Safety Office approval.

Authorized User:

_____	_____	_____
Print Name	**Signature**	**Date**

Approved by Chair of the Authorized User's Department:

_____	_____	_____
Print Name	**Signature**	**Date**