

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 06/08/2018	Form Number: EHS_SOP320_FORM001 (Form RC-3)
	TITLE: Radioactive Material Use Application	
Responsible Authority: Radiation Safety Coordinator		

Note: This completed form must be submitted to the Radiation Safety Officer prior to acquiring radioactive material forms and maximum activities not previous authorized. Attach supplemental sheets if necessary. Include a completed From RC-1 for each individual listed below.

A. Authorized User Information (Principal Investigator who will be responsible for the rad. material)

Name: _____ Date: _____ Office Room No.: _____
UCF Title: _____ Bldg.: _____ Lab Room. No.: _____
Phone Extension: _____ Email: _____

B. Use Description

List the radioisotope(s), labeled compounds and/or sources/devices used, total activity requested (mCi) and amount of activity per experiment.

Radioisotope	Form (for sealed sources, list mfr. & model no.)	Max. Activity in Lab (mCi)	Max. Activity/Experiment (mCi)

Describe the procedures and techniques involving radioisotopes to be used. If radioactive materials are to be administered to or on any animals, describe the type of animal, route of administration, and any other relevant details. If the material is in hazardous form, describe.

C. Staff

List the names of all individuals who will serve as Associate Investigators supervising the work of other radiation workers. Include an Form RC-1 for each person. Note: If at a later date, additional personnel seek become Associate Investigators under this application, an updated form must be submitted.

Name (First, Last)	PID	Email	Bldg.	Rm. No.	Ext.

D. Location of Use/Storage

(Attach a diagram of the lab area labeling areas of radioactive materials use, storage area, and waste area)

Location of use: _____ Location of storage: _____
Animals housed in: _____ Chemistry performed in: _____

E. Personal Protective Equipment

PPE to be used:
(Submit Form RC-2 for radiation badges) _____

Radiation shielding to be used: _____

Contamination survey instrument/method: _____

PI Signature: _____ Date: _____
RSO Signature: _____ Date: _____