University of Arkansas
FORM 1 - APPLICATION FOR RADIONUCLIDE USE

APPLICATION CLASS:  [ ] New  [ ] Renewal  [ ] Amendment  Date:  

1. TITLE OF PROJECT:  

2. INVESTIGATOR NAME:  DEPT.: 
   TITLE:  PHONE: 
   Campus Address:  

   a. Name & title of others who will work on this project (complete supplemental training sheet for each):  
      NAME:  DEPT.: 
      TITLE:  PHONE: 
      Campus Address:  

3. Radioactive materials to be used: 
   Nuclide  Physical / Chemical forms  Maximum amount in possession (mCi)  

4. RADIONUCLIDE USAGE AND DISPOSAL:  
   a. Location(s) of use:  
   b. Location(s) of storage:  
   c. Duration of Usage:  
   d. Ci/experiment:  
   e. Waste Disposal (3):  
      mCi/month and volume (gals. or lbs.)  

<table>
<thead>
<tr>
<th>Nuclide</th>
<th>Dry Waste</th>
<th>Liquid Scint.</th>
<th>Aqueous Liquid</th>
<th>Non-aqueous liquid</th>
</tr>
</thead>
</table>

Note 1: Review rules for radioactive waste disposal.  

Applicant Signature:  Date:  

DATE RECEIVED:  DATE APPROVED:
5. DESCRIPTION OF HOW RADIONUCLIDES WILL BE USED (Give special attention to procedures that have potential of contamination - centrifugation, evolution of gases, vapors, etc.):

Applicant Signature: ____________________________ Date: ____________________________
6. RADIATION SAFETY PROCEDURES TO BE FOLLOWED, FACILITIES & EQUIPMENT, ETC.
(Attach separate pages as necessary).

a. Procedures to ensure radionuclides are not lost or stolen.

b. Posting and labeling practices.

c. Contamination control measures (trays, gloves, adsorbent paper, etc.).

d. Fume hood availability.

e. Radiation survey meter availability.
   . Survey meter type:
      Probe Type:

f. Shielding devices.

g. Personnel Dosimetry.
   ______ Ring badge ______ Body badge ______ Bioassay ______ Others

h. Other.

Applicant Signature: ___________________________ Date: __________________
University of Arkansas - APPLICATION FOR RADIONUCLIDE USE
FORM 2 - TRAINING AND EXPERIENCE SUPPLEMENT (Attach to Form 1)

1. NAME: 
   TITLE: 
   DEPT.: 
   BIRTHDATE: 
   SEX: 

2. FORMAL TRAINING:
   a. List Dates and Institution(s):

   b. List number of clock hours for each of the following subjects covered (20 hours total required for P.I.):

<table>
<thead>
<tr>
<th>Hours</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Principles of radiation safety</td>
</tr>
<tr>
<td></td>
<td>Radiation measurement, monitoring techniques and instruments</td>
</tr>
<tr>
<td></td>
<td>Mathematics &amp; calculations basic to use and measurement of radiation</td>
</tr>
<tr>
<td></td>
<td>Biological effects of radiation</td>
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<tr>
<td></td>
<td>Other (specify)</td>
</tr>
<tr>
<td></td>
<td>Total hours</td>
</tr>
</tbody>
</table>

   c. Is a copy of certification of training attached to application? _____ yes _____ no

3. EXPERIENCE WITH RADIATION SOURCES:
   a. Dates and Institution(s):

   b. Nuclide    Maximum amount (mCi)     Type of use

4. RADIATION EXPOSURE HISTORY: Give address(es) of facilities where you have been issued personnel monitoring (film badges, ring badges, other dosimeters) or where bioassays (thyroid uptake, urinalysis) have been performed. (Include dates).

   Date(s)     Monitoring type     Bioassay type     Facility and address

5. CERTIFICATION: I certify that the above information is correct to the best of my knowledge and I authorize release of my previous radiation exposure history as described above.

   SIGNATURE:      DATE: 

   Signature of the Departmental Chair      Date:

   Name of the Departmental Chair