EMORY UNIVERSITY
RADIOISOTOPE COMMITTEE II
APPLICATION FOR NON-HUMAN RADIOACTIVE MATERIAL USE

1. (a) NAME OF APPLICANT: ____________________________________________________________
(b) MAILING ADDRESS: 
(c) ADDRESS OF R/A MATERIAL USE: (List all room numbers you will use)

________________________________________ 
________________________________________
________________________________________ 
________________________________________

2. INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE USE OF LICENSED MATERIAL
(Submit Supplement A):

________________________________ Phone: _______ Email: _________________
________________________________ Phone: _______ Email: _________________
________________________________ Phone: _______ Email: _________________

3. THIS IS AN APPLICATION FOR (check the appropriate item):
☐ New authorization ☐ Renewal of authorization #______ ☐ Amendment

4. RADIATION SAFETY CONTACT:

________________________________ Phone: _______ Email: _________________

5. OTHER PEOPLE TO USE ISOTOPE(S) UNDER SUPERVISION OF AUTHORIZED USER(S)
(Submit Personnel History Form for each):

________________________________
________________________________
________________________________
6. (a) SCHEDULE OF RADIOACTIVE MATERIALS

<table>
<thead>
<tr>
<th>Element and Mass Number</th>
<th>Chemical Form(s)</th>
<th>Maximum Activity in Possession</th>
<th>Maximum Activity in Any Experiment</th>
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6. (b) LIST USES OF LICENSED MATERIAL (Brief titles - Detailed information in Item 7)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________
8. ____________________________________________________________
9. ____________________________________________________________
10. ____________________________________________________________
6. (c) LIST ANY SEALED SOURCES INCLUDING THOSE USED FOR INSTRUMENT CHECK AND CALIBRATION

<table>
<thead>
<tr>
<th>Element &amp; Mass</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Activity</th>
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Items 7 – 14: Check the appropriate items and/or submit a detailed description of all the requested information. Begin each item on a separate sheet of paper. Identify the item number and the date of the application in the lower right-hand corner of the page.

7. DESCRIBE PORTIONS OF PROTOCOLS INVOLVING RADIOACTIVE MATERIAL KEYED TO USES IN ITEM 6(b)
   
   Attach literature references if available.

8. INSTRUMENTATION
   
   Complete Appendix A.

9. LABORATORY FACILITIES
   
   Attach diagram noting areas of use and storage of radioactive materials. Describe equipment (shielding, fume hoods, storage containers, sinks, etc.) available in use and storage areas. Identify adjacent areas across the walls from use and storage areas.

10. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIALS
    
    ☐ Detailed information attached
    
    ☐ Appendix B procedures followed
11. **EMERGENCY PROCEDURES**
   
   - Detailed information attached.
   - Appendix C procedure used.

12. **WASTE DISPOSAL**
   
   Detail method of disposal of wet and dry waste of each isotope used. May use Appendix D for broad description.

13. **RADIONUCLIDE USE IN ANIMALS**
   
   Complete Appendix E.
   
   Attach a copy of instructions provided to animal caretakers for handling animals, animal waste, and carcasses and instructions for cleaning and decontaminating cages.
   
   All applications involving use of animals will be submitted to DAR for veterinary approval on Appendix E before it is circulated to Committee II membership.

14. **PERSONNEL MONITORING**
   
   Attach monitoring program and storage location.

15. **PERSONNEL TRAINING AND EVALUATION**
   
   Attach commitment to train workers before radioactivity use, and periodic retraining.

16. **ALARA COMMITMENT**
   
   I will evaluate all approved procedures before using radioactive materials to ensure that exposures will be as low as reasonably achievable (ALARA). I express my commitment to maintain exposure ALARA to all laboratory personnel, both users of radioactive material and those who do not use radioactive materials in their laboratory protocols. I will ensure that persons working under my supervision are trained and educated in good radiation safety practices which contribute to maintaining exposures ALARA for all laboratory personnel.

   __________________________________________
   Signature of Principal Investigator

   I certify that I have become familiar with the Emory University Radiation Safety Policy Manual and will implement the requirements contained therein in the pursuit of this work.

   __________________________________________   _______________________
   Signature of Principal Investigator    Date

   __________________________________________   _______________________
   Department                              Faculty Rank