

FORM RC-2 (Rev. 3/04)

DATE _____

APPLICATION FOR RADIONUCLIDE PROCUREMENT

(A separate form must be submitted for each radionuclide requested)

NAME _____ TITLE _____

DEPARTMENT _____ TELEPHONE _____

1. MATERIAL REQUESTED

ISOTOPE _____ MAXIMUM POSSESSION LIMIT REQUESTED _____

HALF LIFE _____ MODE OF DECAY _____ DECAY ENERGY _____

CHEMICAL FORM(S) _____ PHYSICAL FORM _____

2. LOCATION OF USE

BUILDING _____ ROOMS _____

3. PERSONNEL

Please list all personnel who will use this nuclide under this authorization and attach copies of training certificates:

<u>NAME</u>	<u>PHONE</u>	<u>TRAINING LEVEL</u>

4. ARC REVIEW REQUIREMENTS

Does this protocol involve the use of animals or animal products? Yes No
If yes, please enter your ARC Protocol Number or indicate the commercial source for the animal products _____.

5. DETAILS OF PROPOSED USE

7. WASTE DISPOSAL PROCEDURES

All solid waste will be held in appropriate containers and disposed of through the Radiation Control Center. (Please Initial)

Percentage of Starting Activity _____ Yes _____ No _____

If no, please provide detailed disposal procedures below!

A sewer permit for the disposal of limited quantities of aqueous waste has been applied for in the amount of _____ mCi per quarter. (Please Initial)

Percentage of Starting Activity _____ Yes _____ No _____

All liquid waste not approved for sewer disposal or in excess of the approved activity will be held in appropriate container and disposed of thorough the Radiation Control Center. (Please Initial)

Percentage of Starting Activity _____ Yes _____ No _____

If no, please provide detailed disposal procedures below!

DEPARTMENT CHAIRMAN

PRINCIPAL INVESTIGATOR

RECOMMENDATION:

RADIATION SAFETY OFFICER

DATE

RADIATION SAFETY SUB-COMMITTEE ACTION:

SUB-COMMITTEE CHAIRMAN

DATE