

**University of Arkansas at Little Rock**  
**FORM 1 - APPLICATION FOR RADIONUCLIDE USE**

APPLICATION CLASS:  New  Renewal  Amendment \_\_\_\_\_ Date: \_\_\_\_\_

**1. TITLE OF PROJECT:**

**2. INVESTIGATOR NAME:**  
**TITLE:**

**DEPT.:**  
**PHONE:**

a. Name & title of others who will work on this project (complete supplemental training sheet for each):

**NAME:**  
**TITLE:**

**DEPT.:**  
**PHONE:**

**3. Radioactive materials to be used:**

<u>Nuclide</u>	<u>Physical / Chemical forms</u>	<u>Maximum amount in possession (mCi)</u>
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**4. RADIONUCLIDE USAGE AND DISPOSAL:**

a. Location(s) of use:

b. Location(s) of storage:

c. Duration of Usage:

d. Type of usage: (e.g. in vitro) \_\_\_\_\_ (Animal or human use is not permitted)

e.  $\mu$ Ci/experiment:

d. Waste Disposal<sup>(2)</sup>:  
\_\_\_\_\_ mCi/month and volume (gals. or lbs.)

<u>Nuclide</u>	<u>Dry Waste</u>	<u>Liquid Scint. Aqueous Liquid</u>	<u>Non-aqueous liquid</u>
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**Note: Review rules for radioactive waste disposal.**

**DATE RECEIVED:** \_\_\_\_\_ **DATE**  
**APPROVED:** \_\_\_\_\_

**University of Arkansas at Little Rock - APPLICATION FOR RADIONUCLIDE  
USE (Form 1, continued)**

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

**University of Arkansas at Little Rock - APPLICATION FOR RADIONUCLIDE  
USE**  
(Form 1, continued)

**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.  
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- f. Shielding devices. none required
  
- g. Personnel Dosimetry.  
\_\_\_\_\_ Film badges      \_\_\_\_\_ Ring badge      \_\_\_\_\_ Bioassay.
  
- h. Other.