

**THE UNIVERSITY OF MISSISSIPPI  
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

**APPLICATION FOR RADIOISOTOPE USE IN A LOCATION**

A. APPLICATION (to be completed by Principal Investigator)

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Isotope(s) to be Used	Maximum Activity	Physical Form(s)

Facilities:

1. Access limited to personnel authorized for radiological work. yes\_\_\_ no\_\_\_
2. Work surfaces non-absorbent and smooth yes\_\_\_ no\_\_\_
3. Floor surfaces non-absorbent and smooth yes\_\_\_ no\_\_\_
4. Is the ventilation system arranged as not to create a hazard for others yes\_\_\_ no\_\_\_
5. Containment provisions for radioactive materials:
  - a. Single yes\_\_\_ no\_\_\_
  - b. Double yes\_\_\_ no\_\_\_
6. Containment provisions for radioactive waste
  - a. Burnable Solids yes\_\_\_ no\_\_\_
  - b. Non burnable Solids yes\_\_\_ no\_\_\_
  - c. Organic Liquid yes\_\_\_ no\_\_\_
  - d. Non Organic Liquid yes\_\_\_ no\_\_\_
7. Experimental Procedures:  
(Attach on a separate sheet the detailed experimental procedures to be used)
8. Emergency Procedures (Reference Section 17 in the Radiation Safety Manual) :  
(Attach on a separate sheet the detailed emergency procedures to be used)

\_\_\_\_\_ Date

\_\_\_\_\_ Principal Investigator

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**B. RADIATION PROTECTION SPECIALIST EVALUATION**

**1. External Hazard Evaluation:**

- a. Mr/hr at one meter: \_\_\_\_\_
- b. Shielding Required: \_\_\_\_\_
- c. Mr/hr at storage place: \_\_\_\_\_
- d. Shielding Required: \_\_\_\_\_

**2. Internal Hazard Evaluation:**

- a. Hood required for the work    yes\_\_\_ no\_\_\_
- b. Dry box required for the work    yes\_\_\_ no\_\_\_
- c. Eye protection required    yes\_\_\_ no\_\_\_
- d. Gloves required for the work    yes\_\_\_ no\_\_\_
- e. Protective clothing required    yes\_\_\_ no\_\_\_
- f. Respirator required    yes\_\_\_ no\_\_\_

**3. Monitoring Equipment:**

- a. TLD Body Badge required    yes\_\_\_ no\_\_\_
- b. TLD Ring Badge required    yes\_\_\_ no\_\_\_
- c. Area Monitor required    yes\_\_\_ no\_\_\_
- d. Area Gas Monitor required    yes\_\_\_ no\_\_\_

**4. Frequency of Labs Smear Surveys:**

Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_  
Special Conditions \_\_\_\_\_  
\_\_\_\_\_

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5. This area is approved for the proposed activities, provided the conditions of the University Safety Manual Regulations and the conditions listed in B-1, B-2, B-3, and B-4 above are met

Special Conditions and Comments:

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Date

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Radiation Protection Specialist