Form version: 11/29/2023

DUKE UNIVERSITY AND DUKE MEDICAL CENTER

APPLICATION FOR RADIOACTIVE MATERIAL AUTHORIZATION

This form must be typed or printed plainly. Email the completed form to the Radiation Safety Office at radsafety@dm.duke.edu. Retain a copy for your records.

If radionuclides are to be administered to humans, please contact the Radiation Safety Office for more information.

It is recommended that you review the Duke Radiation Safety Manual (available on the Duke OESO website) before completing this form to understand the responsibilities of an Authorized User.

1. Applicant Identification

Refer to the Duke Radiation Safety Manual for the qualifications required to become an Authorized User.

Name: _____ Degree: _____

Department: _____ Faculty Rank: _____

Office Building: _____ Office Room: _____

Office Phone: _____ Email Address: _____

Duke ID Number: _____

2. Applicant's Training and Experience with Radioactive Material

List any formal training in radiation safety practices that you have received. Be sure to specify the type of training (e.g. radiation safety principles, measurements and instrumentation, contamination control, etc.).

Type of Training	Institution and Dates	On the Job	Formal Course
		☐Yes ☐No	☐Yes ☐No
		☐Yes ☐No	☐Yes ☐No
		☐Yes ☐No	☐Yes ☐No
		☐Yes ☐No	☐Yes ☐No
		☐Yes ☐No	☐Yes ☐No

List any experience you have working with radioactive material.

Radionuclide	Institution and Dates	Type of Procedure, mCi Used at One Time

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Were you a Principal Investigator overseeing work with radioactive material at a previous institution?
☐Yes ☐No

If yes, list the name of the institution, time period and name of the institution's current Radiation Safety Officer.

3. Radioactive Material Use Location(s)

List the location(s) where you wish to use and/or store radioactive material. Include the location of any counting equipment you will use for contamination surveys (gamma counter, liquid scintillation counter, etc.).

Building	Room Number

4. Radionuclides and Possession Limits

List each radionuclide you wish to possess (atomic symbol and mass number). For each radionuclide, indicate the chemical/physical form, the maximum activity you require (mCi) and whether or not it is volatile.

Radionuclide	Chemical/Physical Form	Maximum Activity (mCi)	Volatile
			☐Yes ☐No
			☐Yes ☐No

Radionuclide	Chemical/Physical Form	Maximum Activity (mCi)	Volatile
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

5. Use of Radioactive Material

For each radionuclide listed in section 4 above, describe the purpose(s) for which it will be used in the field below. Include the following details:

- Experimental design
- Estimated activity to be used per experiment
- Identification of types of labeled compounds
- Note any unique hazards such as high volatility, chemical reactivity or infectiousness
- Note any control methods that will be used to mitigate hazards

You may attach a separate document that includes the above information if you require more space. If you do, write “See attached” in the field below.

Will any radionuclides be administered to animals?
☐Yes ☐No

If yes, list the IACUC protocol number(s): _____

6. Sanitary Sewer Disposal

Some radioactive materials may be disposed of in small amounts through the sanitary sewer system. However, such materials must be soluble in water or biologically dispersible. List all radioactive waste chemicals and compounds which are NOT soluble in water or biologically dispersible.

With the above information, Radiation Safety will determine if you are permitted to dispose of radioactive material through the sanitary sewer system.

7. Radiation Worker Identification

Identify a lab manager (if not yourself) that will serve as a primary contact person for radiation safety concerns in your laboratories.

Lab Manager Name	Email Address	Position	Duke ID Number

List the names of all other individuals (faculty, staff, students, etc.) who will work with radioactive material in your laboratories.

Name	Position	Duke ID Number

8. Applicant's Signature

_____	_____
Applicant's Signature	Date

9. Review and Approval

THIS SECTION IS FOR RSO USE ONLY

Special conditions/exemptions applicable to this Authorization.

Does this application require a special public dose assessment?
☐Yes ☐No

If yes, explain what assessment was made in the field below and/or attach supporting documentation.

Radiation Safety Officer signature.

RSO Name (Print): _____

RSO Signature: _____

Date: _____