

This form must be typed or printed neatly with black ink.

1 .Applicant Name		Date:	
Degree, Certifications Held:		UMKC Position: Full time__Other__-	
Department		School	
Preferred Notification:	<input type="checkbox"/> Email at:	<input type="checkbox"/> Office Phone#:_	
<input type="checkbox"/> Campus Mail at:_			
2. Designated Backup AU (optional):		Backup AU signature:	
3. Location(s) of use of source(s):		Lab phone:	
4. Source(s) to be used: Radioactive Materials: _____			
4 a. Radionuclide requested	4.b. Form	Ac. Possession Limit (mCi) In lab at any one time	Radiation Safety Committee Review:
			Date Received:_____
			Date Approved:_____
			Health Physics Evaluation:
			Date Received:_____
			Date evaluated:_____Risk-level :_____
6. Proposed use and plan of investigation. Attach protocol(s) _____ Summarize maximum quantity per experiment per radionuclide, and experiments per day:			
Protocol 1: Radionuclide:_____Amount per experiment_____uCi_____experiments/day			
Protocol 2: Radionuclide:_____Amount per experiment_____uCi_____experiments/day			
Protocol 3: Radionuclide:_____Amount per experiment_____uCi_____experiments/day			
Protocol 4: Radionuclide:_____Amount per experiment_____uCi_____experiments/day			
Protocol 5: Radionuclide:_____Amount per experiment_____uCi_____experiments/day			
RSC SIGNATURES		5. SIGNATURES	
_____ Health Physicist / RSO		_____/_____ Applicant/Date	
_____ Committee Chairman		_____ Department Chairman	

<p>7. Plan for disposing of radioactive wastes.</p> <p><input type="checkbox"/> As per Handbook Procedures</p> <p><input type="checkbox"/> Other:</p> <p>Special considerations: <input type="checkbox"/> Biohazard <input type="checkbox"/> Blood borne Pathogens <input type="checkbox"/> Animal use</p> <p><b>Indicate the following for each protocol using animals:</b> approved IACUC protocol number (if known at time of this application) animal used, estimated number of animals, average weight (gms) uCi administered per animal of what Radionuclide, over what time period. e.g. Protocol #XXXX uses 250 gm rats, 5 microcuries of H-3 per animal, up to 50 animals over 10 months.</p> <p><input type="checkbox"/> Mixed waste: hazardous chemicals + radioactive isotopes. (List hazardous chemicals that make your waste mixed waste.)</p> <p>List other chemical constituents appearing in your liquid waste:</p>			
<p>8. Plan for personnel monitoring and radiation protection:</p> <p><input type="checkbox"/> As per Handbook Procedures</p> <p><input type="checkbox"/> Special Procedures:</p>			
<p>9. Radiation Detection Instrumentation available: indicate if you own it or share it.</p> <p>Type of Instrument    manufacturer    model number    serial number    location    own or share with....</p>			
<p>9a. Calibration certificates for detection devices attached?</p> <p><input type="checkbox"/> no meters used</p> <p><input type="checkbox"/> meter(s):</p>			
<p>10. Describe any other special safety equipment available: (fume hoods, beta shields, shielded storage facilities, lead aprons, etc.)</p>			
<p>11. Indicate the Shipping Address to be used for your radioactive materials:</p> <table border="0"> <tr> <td data-bbox="89 1766 803 1913"> <input type="checkbox"/> UMKC Env. Hlth. &amp; Safety                      Radiation Safety X 5289 or X 6096                      4747 Troost Bldg. Room 3                      Kansas City, MO 64110-2499                 </td> <td data-bbox="812 1766 1364 1913"> <input type="checkbox"/> UMKC School of Medicine                      EHS-Radiation Safety X5289 or X6096                      2411 Holmes St.                      Kansas City, MO 64108                 </td> </tr> </table> <p><input type="checkbox"/> Other _____</p>	<input type="checkbox"/> UMKC Env. Hlth. & Safety Radiation Safety X 5289 or X 6096 4747 Troost Bldg. Room 3 Kansas City, MO 64110-2499	<input type="checkbox"/> UMKC School of Medicine EHS-Radiation Safety X5289 or X6096 2411 Holmes St. Kansas City, MO 64108	
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12. Straight line ruler sketch of laboratory: