### applicant name

**Date:**

**Degree, Certifications Held:**

**UMKC Position: Full time___Other__**

<table>
<thead>
<tr>
<th>Department</th>
<th>School</th>
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</thead>
</table>

**Preferred Notification:**

- [ ] Email at:
- [ ] Office Phone#:
- [ ] 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:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Radionuclide requested</th>
<th>4.b. Form</th>
<th>Ac. Possession Limit (mCi)</th>
<th>Radiation Safety Committee Review:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>In lab at any one time</td>
<td>Date Received:</td>
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</table>

**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**

- __________________________
  Health Physicist / RSO
- __________________________
  Committee Chairman

**5. SIGNATURES**

- _______________________/_______
  Applicant/Date
- __________________________
  Department Chairman
   - As per Handbook Procedures
   - Other:

   Special considerations: ☐ Biohazard ☐ Blood borne Pathogens ☐ Animal use
   Indicate the following for each protocol using animals: approved IACUC protocol number (if known at time of this application) animal used, estimated number of animals, average weight (gms) \( \mu \text{Ci} \) 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.

   ☐ Mixed waste: hazardous chemicals + radioactive isotopes. (List hazardous chemicals that make your waste mixed waste.)

   List other chemical constituents appearing in your liquid waste:

8. Plan for personnel monitoring and radiation protection:
   - As per Handbook Procedures
   - Special Procedures:

9. Radiation Detection Instrumentation available: indicate if you own it or share it.
   Type of Instrument   manufacturer   model number   serial number   location   own or share with....

9a. Calibration certificates for detection devices attached?
   - no meters used
   - meter(s):

10. Describe any other special safety equipment available: (fume hoods, beta shields, shielded storage facilities, lead aprons, etc.)

11. Indicate the Shipping Address to be used for your radioactive materials:
   - UMKC Env. Hlth. & Safety
     Radiation Safety X 5289 or X 6096
     4747 Troost Bldg. Room 3
     Kansas City, MO 64110-2499
   - UMKC School of Medicine
     EHS-Radiation Safety X5289 or X6096
     2411 Holmes St.
     Kansas City, MO 64108
   - Other__________________________
12. Straight line ruler sketch of laboratory: