



UNIVERSITY of NEW HAMPSHIRE

UNIVERSITY OF NEW HAMPSHIRE OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY

APPLICATION FOR RADIOACTIVE MATERIAL USERS PERMIT

PLEASE READ

INSTRUCTIONS

(Use supplemental sheets where necessary)

A. Permit Application: Complete all items: 1 through 14

Please send one copy to the Radiation Safety Officer, Office of Environmental Health and Safety, Perpetuity Hall, 11 Leavitt Lane, Durham, NH, 03824. Telephone: 862-3607

Upon the Radiation Safety Committee's approval of an application, the applicant will receive a Radioactive Material User's Permit. This permit is issued pursuant to statutory regulatory authority and subject to all applicable rules, regulations, and orders of all appropriate regulatory agencies now or hereafter in effect and to any conditions specified in the permit.

It is the responsibility of the Authorized User to ensure that all people entering Radioactive Material (RAM) areas have received the appropriate radiation safety training. The only exceptions to this rule are people passing through the area on a guided tour. All individuals that will actually handle sources of radiation must complete the Radiation Safety Radiation Worker training program presented by the Office of Environmental Health and Safety. Individuals not working with or handling Radioactive Materials but are in a restricted area or lab posted as a RAM area, must have awareness training. These programs may be presented as a department seminar or taken by the individual through the Radiation Safety Program of the Office of Environmental Health & Safety. All full-time maintenance and custodial personnel must receive awareness training prior to working in any radioactive material use area.

Thank you for the timely submission of this important document. Permits are granted to Authorized Users under the authority of the University of New Hampshire's Type A Broad Scope License (190R) issued by the Radiological Health Section of the Department of Health and Human Services.

If you have questions while completing this form, please do not hesitate to call the Radiation Safety Officer, at 862-3607.

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APPLICATION FOR RADIOACTIVE MATERIAL USERS PERMIT

1-a: Applicant Name:	1-b: Date:
2-a: Department, building and room # of applicant: e-mail: tel #:	2-b: Addresses and labs (building & room number at which radioactive material will be used and/or stored) tel #:
3: This is an application for (check one) <input type="checkbox"/> Full Renewal <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal with amendments <input type="checkbox"/> Renewal – no changes	4: Designated building or departmental Radiation Safety Person e-mail: tel #:
5: Assistant Authorized User: <p>If persons other than the Authorized User will be working in the laboratory, an Assistant Authorized User must be designated. This person may be another Authorized User or someone with equivalent radiation training. A “Training and Experience Resume” must be on file for this individual or one must accompany this application. Indicate one of the following options:</p> <input type="checkbox"/> Assistant Authorized User: e-mail: tel # <input type="checkbox"/> No work with radionuclides will be permitted in the laboratory unless the Authorized User is available. <input type="checkbox"/> Not applicable – Authorized User only	
6: Individual Radiation Workers : <p>List names of individuals who use or directly supervise use of radioactive material. Include principal investigator, technicians, graduate students, etc. Each person must have completed the Radiation Safety Radiation Worker Training class provided by the Office of Environmental Health & Safety and have a “Radiation Worker Registration” form on file.</p> <input type="checkbox"/> Authorized User only: <input type="checkbox"/> Authorized User plus the following:	

7: RADIOACTIVE MATERIAL:

Please list the radionuclides you wish to use on campus, their chemical form, and the maximum amount of activity you wish to possess at any one time. If you are bringing radionuclides on campus from another location, the Office of Environmental Health and Safety must be informed, an inventory submitted, and the transfer approved.

**** FOR SEALED SOURCES ONLY:** For sealed sources requiring replacement on a regular basis, list maximum anticipated activity not current source activity. Also include an inventory of sources listing radionuclide, activity and serial number.

Element and Mass Number	Name of Manufacturer, Model and serial numbers (if available)	Maximum number of sources and maximum activity per source which will be possessed at any one time.
A		
B		
C		
D		
E		

**** FOR UNSEALED SOURCES ONLY:**

Element and Mass Number	Chemical and Physical Form	Maximum number of millicuries which will be possessed at any one time – including waste
A		
B		
C		
D		
E		

8: RADIATION DETECTION INSTRUMENTS:

Type of instrument	Purchase date	Manufacturer	Model #	Serial #	Radiation Detected	Last calibrated	By whom	Location bldg & rm#	Meter range	Owner
A										
B										
C										
D										
E										

INFORMATION TO BE SUBMITTED ON SUPPLEMENTAL SHEETS:

9. **DESCRIBE THE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED.**
The Radiation Safety Committee requires that all protocols using radioactive material be submitted including the type of radionuclide, the amount used in each experiment and the step-by-step procedures for each experiment. Sufficient detail should be provided to allow for evaluation of the potential for exposure to radiation and radioactive materials both for those working with the materials and for the public. The Materials and Methods section of referenced journal articles may be used as a model. Published methods may be submitted by providing a copy of the published article. Be sure to include the Journal name, month, year, and page numbers.
For sealed sources: If special storage is required, or if the source is used in an instrument, include the type, manufacturer, model number and serial number of the storage container and/or device in which the source will be stored and/or used. For installed devices, please also describe arrangements for performing initial radiation survey, servicing, maintenance and repair of the device. Note that leak testing is provided by this office and does not need to be addressed by the applicant.
10. **PERSONNEL MONITORING:**
Indicate what devices and/or procedures are necessary (film badges, bioassays, etc.) and any special criteria you will use to determine the need for monitoring.
11. **FACILITIES AND EQUIPMENT:**
Describe, in detail, your laboratory facilities including: work areas, waste storage areas, remote handling equipment, refrigerators/freezers used for storage, waste containers, shielding, fume hoods, glove boxes, etc. Be sure to include an explanatory sketch of the facility showing pertinent features.
12. **RADIATION PROTECTION PROGRAM:**
Describe the radiation control program, including control measures.
** Include a written emergency procedure specific for your area and the work being done.
** Include a written training plan. EH&S provides basic radiation safety training but you must provide laboratory specific training for techniques, procedures and radiation safety related items. This should include programs for technicians, graduate students, undergraduates, work study students, etc. Specify how you will determine the competency of the trainee.
13. **WASTE DISPOSAL:**
Submit detailed description of methods that will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved.
** Justify the type and amount of waste generated. This information is needed for waste minimization reports.
** The UNH Radiation Safety Committee has prohibited the generation of mixed waste – that is, waste which is both a radioactive and chemical hazard.

CERTIFICATION

(This item must be completed by the applicant.)

14. The applicant, and any official completing this certificate on behalf of the applicant named in item 1, certify all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Date: _____

By: _____
Applicant

Date: _____

By: _____
Department Chair