

Tufts University  
Radiation Safety Committee

SECTION 1: GENERAL INFORMATION

<input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal	<u>Return to:</u> Tufts University Radiation Safety Office 200 Harrison Avenue 105 Posner Hall Boston, MA 02118 Or email: <a href="mailto:geoff.sirr@tufts.edu">geoff.sirr@tufts.edu</a>		
<b>Principal Investigator</b>			
Last	First	M.I.	Suffix
<b>Additional Information:</b>			
Department	Position	Campus	Telephone
Email Address			
<b>Office Location:</b>			
Building	Room	Street Address	
<b>Preferred Contact</b>			
<b>Lab Supervisor ( if same as PI information above leave blank)</b>			
Last	First	M.I.	Suffix
Telephone	Email Address		

**SECTION 2: RADIOISOTOPE USE INFORMATION**

Select Radioisotope	Chemical and/or Physical Form	Maximum Activity Needed (possession limit) in units of mCi	Estimated Maximum Activity Needed per Procedure in units of mCi

**SECTION 3: DESCRIPTION OF PROJECT**

A. Please describe the project or procedure detailing radioactive material application for each radioisotope above:

**SECTION 4: USE AREAS**

Building	Room	Maximum Activity (mCi)	Storage Handling Waste
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Building	Room	Maximum Activity (mCi)	Storage Handling Waste

**SECTION 5: TRAINED PERSONNEL**

List all personnel (including applicant and contact person) who will be working with radioactive material as authorized by this permit.

Last Name	First Name	This person has received training and / or has experience handling radioactive materials.		If Yes, was this individual trained by Tufts University Radiation Safety?	
		Yes	No	Yes	No

SECTION 6: RADIOLOGICAL INSTRUMENTATION INFORMATION

Room Location	Liquid Scintillation Counter	Gamma Counter	Geiger Counter

Detail the lab surveillance technique for this permit (e.g. direct monitoring using GM with weekly wipe test)

SECTION 7: SPECIAL RADIATION CONCERNS / ADDITIONAL INFORMATION

A. Will radioactive material be used with animals?  Yes  No

B. Will radioactive material be used with any biohazardous materials?  Yes  No  
 If yes, does this research involve or result in any biohazards (such as infectious agents)? If so, detail the steps that will be taken to inactivate the hazard. For information on approved inactivation techniques contact Tufts Biosafety Manager ((617)201-2470, (617)636-0969).

Biosafety Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

C. Will radioactive material be mixed with any hazardous chemicals?  Yes  No  
 If yes, please include the name of the chemical.

D. ~~A~~ Does this research involve or result in any chemically hazardous material (hazardous as defined: reactive, corrosive, flammable or toxic)? If so, detail the steps that will be taken to neutralize the chemical hazard. For questions contact Tufts Chemical Safety Officer (extension 7615).

E. rDNA Research Registration:

All research utilizing recombinant DNA must be registered with the Tufts Safety Office. If you are not registered with the Tufts Safety Office for this, please call them to arrange registration (extension 7615).

Does this research utilize rDNA techniques? Yes  No

If yes, please provided the registration number, title and approval date.

Registration Number:

Title:

Approval Date:

**SECTION 8: CONFIRMATION & SIGNATURE**

**I have received, read, understand, and agree to follow the requirements of the Tufts University Radiation Safety Manual (<http://publicsafety.tufts.edu/ehs/?pid=68>).**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

Application is subject to RSO approval and ratification by the Radiation Safety Committee at the next quarterly meeting.

**Radiation Safety Use Only**SECTION 9: PRINCIPAL INVESTIGATOR AUTHORIZATION PERMIT # **Permit Type: New:      Amendment:      Renewal:****Effective Date:                      Expiration Date:****Principal Investigator**

Last

First

M.I.

Suffix

Department

Campus

Telephone

**Date Application Received****Date Approved by RSO****Date Ratified by RSC**\_\_\_\_\_  
Signature of Radiation Safety Officer

Date

Comments: