

Old Dominion University
Radiation Safety Committee

RSO-2 Application for the Possession and Use of Radioactive Materials

Directions: This application is to be completed by approved Authorized Users or those persons applying for Authorized User status (RSO-1). Complete the form, sign, and send to the Radiation Safety Officer (Environmental Health and Safety Office, Spong Hall 2501). Upon review by the Radiation Safety Committee, the applicant will be notified of approval or the need for more information. This authorization expires two (2) years from the approval date. To renew or amend this application, use form RSO-6 Application for the Possession and Use of Radioactive Materials Renewal/ Amendment.

Applicant					
Department		Date			
Office Building		Room	Phone		
Location of Proposed Use					
Lab Building		Room	Phone		
Radionuclides Requested for Use					
Nuclide 1		Possession Limit (mCi)		Chemical/ Physical Form	
Nuclide 2		Possession Limit (mCi)		Chemical/ Physical Form	
Nuclide 3		Possession Limit (mCi)		Chemical/ Physical Form	
Nuclide 4		Possession Limit (mCi)		Chemical/ Physical Form	
Nuclide 5		Possession Limit (mCi)		Chemical/ Physical Form	
Sealed Sources Only (Complete this section for each sealed source proposed for use. Exempt quantity check sources are not required to be listed.)					
Source Nuclide(s)		Half-Life		Activity (mCi)	
Type and Energy (Mev) of radiation emitted					
Manufacturer		Model No.		Serial No.	
SSD Available?		Yes (Please submit a copy)		No	

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Experimental Protocol (Outline experimental protocol, with particular attention to health and safety aspects of the proposed use. Use additional sheets if necessary.)					
Will animals be used in proposed experimental protocol?		Yes		No	
Waste Information (Estimate the type, amount, and activity of waste generated per month from proposed use.)					
Type		Activity		Amount (Gallons, Bags, etc.)	
Will waste include hazardous constituents?		Yes		No	
Equipment (Check available equipment and instruments)					
Fume Hood			Sink		
Appropriate signs, tape, labeling			Absorbent Material		
Disposable Gloves	Lab Coats	Safety Glasses		Other PPE	
Pipettes			Spill Trays		
Radiation Detection Instrumentation			Type	Serial No.	
Facilities (Attach a floor plan of areas where radioactive materials will be used and/or stored showing fixtures and equipment such as: sinks, fume hoods, benches, refrigerators, freezers, centrifuges, waste containers, etc. Indicate work areas, radioactive material storage areas, waste storage areas, entrances, and exits. Include room numbers.)					
Security and Emergency Procedures					
Describe what provisions have been made to ensure that radioactive materials are secure from unauthorized access. Also, describe a key control plan designed to restrict access to areas where radioactive materials are used and stored.					

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Describe the emergency procedures that will be followed in case of a spill or accident. Include proposed decontamination methods.	
Emergency Contacts (List two names and phone numbers to be contacted in case of emergency)	
Name	Phone
Name	Phone
Surveys and Recordkeeping	
Describe your laboratory survey plan. Include a description of the instruments that will be used, the survey frequency, areas to be surveyed, and how surveys will be documented. Survey frequency must be commensurate with the laboratory classification. For most applications, contamination surveys are conducted on a monthly basis. See Section XVIII of the Radiation Protection Manual for guidance.	
Describe your method of maintaining documentation of inventory, material receipt, use, and disposal.	
Certification: <i>The signature below affirms that the applicant has read and will comply with the rules, regulations, and procedures of Old Dominion University's Radiation Safety Program. The applicant accepts responsibility for maintaining current knowledge of those rules, regulations, and procedures, including responsibility for the actions of persons working under his/her authorization. Any changes to the information in this application will be documented on form RSO-6 and sent to the Radiation Safety Officer in a timely manner.</i>	
Signature	

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<i>Radiation Safety Committee Use Only</i>	
Approval / RSO	
Approval / Chair	
Approval / Member	
Approval / Member	
Approval / Member	
Approval / Member	
Date Application Approved	
Expiration Date	
Dosimetry Required	
Conditions of Application	