

Environmental Health & Safety Department

Radioactive Materials Permit Application

EOSMS-206-1 Effective Date: 03/17/2022 FORM_EHS_01 Page 1 of 5

	Section 1: PI/Resear	cher Information			
Application Type: New Renewal			Application Date:		
Permit Holder/PI:					
Office Address:		Phone	D:		
Email:		Fax:			
Emergency Contact #1:	Phone:	Email	:		
Emergency Contact #2:	Phone:	Email	•		
S	ection 2: Authorized Perso	nnel/Radiation Workers			
Name Job 7	litle	Years of Radiation	Experience		
	Section 3: Person	nnel Training			
Name Des	cription of Formal Radiation T	Fraining	Completed KSU Radiation Safety Training?		
			Yes No		
			Yes No		
			☐ Yes ☐ No		

Section 4: Proposed Authorized Area(s)				
Campus	Building	Room Number	Proposed Use(s) (e.g., equipment room, hot lab, waste collection, etc.)	

NOTE: Prior to the addition of work/storage area to the permit, contact EHS to schedule a walkthrough of the proposed area(s) with the PI/researcher to identify designated use areas within the room, storage locations, and wipe test points. The request will then be reviewed by the Radiation Safety Committee before the addition is made to the permit.

Section 5: Security

Licensed (radioactive) materials must be under the constant surveillance and immediate control of a radiation worker or secured to prevent unauthorized access, use, or removal. In the space below, describe the measures that will be taken to meet these requirements.

			Section 6: Pro	posed Radioisoto	ope Usage Informa	tion	
	Radioisotope	Half-Life	Maximum Purchased at one time (mCi)	Estimated Activity Per Procedure (mCi)	Maximum Activity on Hand at one time (mCi)	Chemical / Physical Form / Compound	Estimated Frequency of Use
1.							
2.							
3.							
4.							

	Dlagge describe th	Section Section e procedures for which	6A: Explanation of		anal magas if nos	oggawy).
Radioiso		e procedures for which	n each isotope win b	e useu (attacii additi	onai pages ii nec	essary):
Radioiso	tope #2					
Radioiso	tope #3					
Radioiso	tope #4					
Will radi	oactive materials be us	ed with animals?	es No If yes, pleas	se provide an explanat	tion in the space be	elow.
IACUC Pr	otocol Number:					
Will radi the space		ed in combination with b	oiohazardous materials	s? Yes No If	yes, please provid	e an explanation in
IBC Proto	ocol Number:					
Will radioactive materials be used in combination with hazardous chemicals?						
List the n	name(s) of the hazardou	s chemical(s) (attach SD	S):			
survey m	eter, film badges, etc.),	ne proposed permit hold if applicable to the speci e lab if not already availa	fic isotope proposed fo	or use. If a GM survey	meter is required,	
	Section 7	Radioactive Sources	(e.g., Sealed Sources,	Check Sources, Cons	sumer Products)	
	Manufacturer	Serial Number	Isotope	Half-Life	Activity	Form/Item Type
1.						
2.						

3.							
4.							
		Section 8	: Radiation Produci	ng Equipment			
	Manufacturer	Model #:	Serial #:	Operation Para	ameters	Descrip	otion of Use
1.							
2.							
3.							
		Section 9	9: Radiation Detection	on Equipment			
A.	Survey Meters						
1.	Manufacturer: Model #: Probe(s): Last Calibrated:	2. Manufacturer: Model #: Probe(s): Last Calibrated:					
	Liquid Scintillation Co						
1.	Manufacturer: Model #: Last Calibrated:	Manufacturer: Model #: Last Calibrated:					
C.	Gamma Counters						
1.	Manufacturer: Model #: Last Calibrated:	 Manufacturer: Model #: Last Calibrated: 					
	space below, describe radia exposure and contaminatio	ition protection measures t	ection 10: Safety Me		users and oth	er laborat	tory staff from

In the space below, explain how radioactive materials will be secured when not in use:
Will the permit holder and authorized users need to wear film badges?
Section 11: Waste Collection and Disposal
Check all forms of radioactive waste that will be generated in the lab:
☐ Dry Waste ☐ Aqueous/Liquid Waste ☐ Liquid Scintillation Vials
In the space below, describe how radioactive waste materials will be generated and how they will be properly segregated and disposed of:
Section 12: Signatures
As the individual responsible for this project, I confirm that the information contained in this application is true and accurate and, to the best of my knowledge, conforms with the requirements described in Chapter 391-3-17: Georgia Rules and Regulations for Radioactive Materials, the KSU Radioactive Materials License, the KSU Radioactive Materials Program, and the KSU Radiation Safety Committee Policies and Procedures. I confirm that this project does not unnecessarily duplicate previous experiments. No changes will be made to the permit status, procedures, radioactive isotopes, or radiation work areas described in the approved version of this permit document without prior written notification to and approval by Kennesaw State University's Radiation Safety Committee. I understand that failure to comply with any of the aforementioned requirements will jeopardize KSU's license to work with radioactive materials and my privileges to maintain a radioactive materials permit under the license.
Name of Researcher:
Signature of Researcher: Date: