



# Northeastern

## Principal Investigator Application for the Possession and Use of Radioactive Materials

Please complete this form and forward to EH&S at room 320 Renaissance Park

Please check if this is for an amendment to an existing radioactive permit.

Name \_\_\_\_\_  
Last First MI

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of laboratories: \_\_\_\_\_

1. Please list the radionuclide(s), the chemical form, the amount of activity to be securely stored or used in the laboratory, and the expected amount of activity to be used in an experiment protocol.

Radionuclide	Chemical Form	Requested Possession Limit (microcuries)	Maximum Amount Used Per Experiment (microcuries)

Which vendor will you use?

- Perkin-Elmer Life Sciences     
 ARC     
 GE Healthcare     
 MP Biomedical  
 Cardinal Health     
 Other (please fill in) \_\_\_\_\_

Emergency and after-hours information:

Contact priority	Name	Lab phone	Office phone
Primary			
Alternate			

2. Please include a copy of your CV, indicating where and when you have worked previously with radioactive materials.

3. Please list other authorized users and their latest dates of radiation safety training (If this is for a new permit, please make sure they have taken initial radiation safety training at NU):

Name	Last date of radiation safety training

Please list alternate investigator (required); also attach alternate's CV. Please refer to the NU Radiation Safety for alternate investigator's requirements.

Name of alternate: \_\_\_\_\_ Last date of training: \_\_\_\_\_

4. Please attach a brief description pertaining to the use, storage, disposal, and contamination control (detection and monitoring) of the particular radioisotope for your research protocol. Protocols must be in sufficient detail for Radiation Safety Committee members who may or may not be knowledgeable in your area of expertise; in order to make a judgement for the safe handling of the materials. Please make it radioisotope specific. Describe how materials will be handled from initial receipt to disposal in your laboratory. Outline the radiation control methods to be implemented.

Will this involve animal subjects?  Yes  No If yes, please include IACUC authorization number: \_\_\_\_\_.

Will the radiochemical(s) be volatile?  Yes  No If yes, please indicate which radiochemical (s): \_\_\_\_\_.

Will this work involve collaboration with other PI's at NU?  Yes  No If yes, please state which PI: \_\_\_\_\_.

Will this work involve collaboration with colleagues outside of NU?  Yes  No If yes, please give their names and locations: \_\_\_\_\_.

5. Please list the radiation detection instrumentation available for use in the laboratory to conduct radiation safety surveys for potential contamination.

Manufacturer	Model Number	Detector Type	Calibration Due Date

**6. Please describe the types and method of radioactive waste disposal:**

Sink disposal planned?  Yes  No

If yes, please fill in table:

Isotope	Solution (chemical/physical form)	Permissible disposal concentration
		μCi per liter
		μCi per liter
		μCi per liter

Mixed waste anticipated?  Yes  No

If yes, please fill in table:

Isotope	Estimated activity/unit of volume (i.e. μCi/ml)	Hazardous Waste Chemical Name

Biomedical waste anticipated?  Yes  No

If yes, please fill table:

Isotope	Estimated activity/unit of volume (i.e. μCi/ml)	General Description

**ACKNOWLEDGMENT OF RESPONSIBILITY:**

If permitted to use radioactive materials at Northeastern University, I acknowledge my acceptance of the following responsibilities:

- Radioactive materials will only be used in accordance with the provisions requested in this Application as set forth in the Radioactive Materials Permit, including any amendments and authorized attachments.
- All personnel working under my permit will be provided appropriate radiation safety training and personnel protective equipment before they begin work. Records of Radiation Worker training will maintained in your lab records.
- I will ensure that adequate facilities, equipment, supplies, staffing, and other resources will be authorized for the safe conduct of radiological work.
- Exposure to radiation and radioactive materials will be kept ALARA for lab personnel, members of the public, and the environment.
- Radioactive materials will not be used in or on human beings, or in products distributed to the public.
- I understand and accept that my use of radioactive materials is subject to all applicable rules, regulations, and orders now or hereafter in effect by the Radiation Control Program, Commonwealth of Massachusetts Department of Public Health, Northeastern University Radiation Safety Committee, and as specified by the Northeastern University Office of Environmental Health and Safety.

**Principal Investigator Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Committee Use Only**

<b>Reviewed By</b>	<b>Date</b>	<b>Signature</b>
Radiation Safety Office		RSO:
Radiation Safety Committee		Chair, RSC:

AUTHORIZATION NUMBER: \_\_\_\_\_

Approval Term: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_