|  |  |
| --- | --- |
| Routing Date: | **For Office Use Only** |
| **RASTA** |
|  |
| Project: |  | Report: |  | Log: |  | Visio: |   |
|  |
| SSDR #: |  |  |
|  |
| RSO | HP | HP |
|  |  |  |

## Radiation Project Approval Request

##  *Summary & Evaluation for Use of*

## *Radioactive Materials or Radiation Producing Devices*

|  |  |  |
| --- | --- | --- |
| [ ]  New Project[ ]  Amendment | Authorization Number: |       |
|  |
| Project Director: |       | Department: |       |
|  |
| Position: |       | Phone: |       | Email: |       |
|  |
| Primary Contact: |       | Phone: |       | Email: |       |
|  |
| **Project Summary** |
|  |
| **Requested Users:** (*Attach Form A-4 for each user - use back of page for additional names*) |
|  |  |
|  | **Name** | **Department** | **Position** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |       |  |
| 4. |  |  |  |
|  |
| **Requested Locations of Use:** (*Attach Form A1-S for each room*) |
|  |
|  | **Building** | **Room** |  |
| 1. |       |       |  |
| 2. |       |       |  |
| 3. |       |       |  |
| 4. |       |       |  |
|  |
| **Radioactivity to be used:** |
|  |  |  |  |
|  | **Nuclide** | **Chemical Form** | **Max mCi/Exp** | **Max mCi/Order** | **Storage (mCi)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
|  |  |  |  |  |  |
| **Radiation to be produced by device:** |
|  |  |  |  |
|  | **Type of Radiation** | **Manufacturer/Model Number** | **KVP** | **mA** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

|  |
| --- |
| **Project Evaluation** |
|  |
| 1. Provide a brief outline of the purpose of the project.
 |
|       |
|  |
| 1. Give detailed methods and procedures to be used in the project: (A j*ournal reprint or a copy of written procedures should be attached*)
 |
|       |
|  |
| 1. Indicate any reactions which will change the form of the labeled material. Give initial form and the major labeled end products.
 |
|       |
|  |
| 1. Is there any chance radioactive gas or particulates will be formed? If so, what method will be used to prevent inhalation of radioactive material and what activity could potentially be released to the atmosphere?
 |
|       |
|  |
| 1. Note instrumentation and methods to be used to ascertain that contamination has not spread into uncontrolled areas: (*Include manufacturer, model, and range for radiation monitoring devices and attach a Form SM-1 for each device*)
 |
|       |
|  |
| 1. Indicate storage and experimental containment areas to assure that dose rates are kept as low as reasonably achievable: (*Specify the design, thickness, and type of shielding material*)
 |
|       |

|  |
| --- |
| 1. Specify precautions and procedures to be used by personnel to:
 |
|  |
|  | Keep exposures as low as reasonably achievable? |
|  |       |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |
|  | Prevent unauthorized removal or use of radioactive material or radiation producing devices? |
|  |       |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |
|  | Prevent contamination and excessive exposure rates in work areas and in adjacent area? |
|  |       |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |
| 1. Will animals or plants be used? [ ]  Yes [ ]  No **If Yes:**
 |
|  |
|  | Type of animals or plants to be used: |       | Avg. Wt.: |       |
|  |
|  | Total number of animals or plants to be used: |       | Avg. Wt.: |       |
|  |
|  | Route of nuclide administration: |       |
|  |  |  |
|  | Do you anticipate the radioactivity to be contained in animals’ exhaled air? [ ]  Yes [ ]  No |
|  |  |
|  | Do you anticipate the radioactivity to be contained in animals’ urine? [ ]  Yes [ ]  No |
|  |  |
|  | Do you anticipate the radioactivity to be contained in animals’ feces? [ ]  Yes [ ] No |
|  |  |  |
| 1. If animals are used, is protocol approved by Animal Care and Use Committee? [ ]  Yes [ ]  No
 |
|  |
| 1. If hazardous chemicals are used, has the form Report These Materials been submitted to REM? [ ]  Yes [ ]  No
 |
|  |
|  |
|  |
|  |
| **I certify the provided information is true and correct to the best of my knowledge and belief. The required forms (A-4, A1-S, SM-1) and procedures are attached.** |
|  |
| Project Director Signature: |  | Date: |       |
|  |
| ***Approval Recommended***Radiation Safety Officer: |  | Date: |       |