

Williams College

Application for Authorization to Use Radioactive Isotopes

Section I *Personal Data*

Name:
(Last, First, M.I.)

Date of Birth:
(mm/dd/yy)

Social Security Number:

Department:

Room No.:

Ext.:

Faculty or Staff Title:

Section II *Training and Experience with Radiation*

I. Training

Type	Where Trained	Training Duration	On the Job	Formal Course
1. Principles and practices of radiation protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Radioactivity measurement standardization and monitoring techniques and instruments			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Calculations basic to use and measurement of radioactivity			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Biological effects of radiation			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Name:

II. Experience

Isotope	Maximum Amount	Where Experience was Gained	Duration of Experience	Type of Use

Section III *Type and Use of Radioactive Material*

1. Description of material to be procured:

Amount of Activity

Radio-nuclide	To be Possessed*	In Use Per Experiment	Chemical and Physical Form of Material to be Procured	Comments

*Maximum amount to be possessed by project at any one time.

2. Is the material to be obtained or used in especially hazardous form? Yes No .
(For example; powder, pyrophoric-material, live virus, bacteria, pathogenic materials, etc.)
If answer is "yes," explain in "Comments" above, or on a supplementary page.
3. Type of investigation for which the material will be used. Attach a brief protocol, including a step-by-step listing of the principal procedures in the proposed use; and including the amounts of material involved, location of use, and radiation control methods involved in each such step. Protocol is (a) attached , (b) included in the attached reference , or (c) was submitted with application dated _____.

If you receive authorization to use radioactive materials and you wish to carry out experiments not mentioned here, a supplement to this statement must be submitted to the Radiation Safety Committee for approval by the Committee *before* such new work is performed.

4. Rooms where radioactive work will be conducted and where radioactive material will be stored (give building and room numbers):

I have read and understood the Radiation Safety Handbook of Williams College, and I agree to abide by its provisions and regulations.

Signature:

Date:
(mm/dd/yy)

For Committee Use Only:

Review by:

Date:
(mm/dd/yy)

Approved by Williams College Radiation Safety Committee

Authorized Signature:

Date:
(mm/dd/yy)

Approval Term:

Date of Expiration:

Note: For specific conditions of approval under which the Williams College Radiation Safety Committee requires the approved work to be conducted, see page 4.

Name:

A. COMMENTS PERTAINING TO THIS AUTHORIZATION.

B. SPECIFIC CONDITIONS OF APPROVAL OF AUTHORIZATION.