

FORM 1

University of California, Davis
Environmental Health and Safety, Health Physics

RADIATION USE AUTHORIZATION APPLICATION INSTRUCTIONS

A. Applicant

The applicant is the person responsible for the Radiation Use Authorization (RUA). Prior experience with radioactivity or a formal class in radiation safety is mandatory. Fill in the requested information and submit a Statement of Experience.

B. Co-Workers

List the name of each person who will work with radioactive materials under this authorization. Submit a Statement of Experience for each worker. Designate one person as an alternate principal investigator to take responsibility for this RUA in your absence. In the case of an application for classroom use, the students need not complete a Statement of Experience. However, class rosters must be submitted each time the class is taught.

C. Locations for Use of Radioactivity

List the building and room numbers for each location you plan to store or use radioactivity. Diagram each laboratory or classroom on the back of the application, clearly indicating where radioactivity will be stored and/or used.

D. Radionuclides Requested

List each radionuclide requested and the physical or chemical form in which the material will be received. List the maximum amount of radioactivity in millicuries (mCi) that you will need to have on hand per radionuclide (Possession Limit), excluding what will be present in your waste. List the maximum amount of radioactivity in mCi that you will use per experiment per radionuclide (Experimental Limit).

E. Protocol

Fill out a Safety Protocol for each proposed project. Indicate on the Safety Protocol the title of the project and the purpose of the experiment. Answer questions A-F indicating your proposed radiation safety practices.

In item G provide a step-by-step description of your project, emphasizing the radiation safety features. Please note that the scientific basis should not be addressed. Provide a copy of this protocol to each co-worker participating in the experiment.

G. Signatures

When the application is complete, sign under principal investigator, obtain your department chairperson's signature and return to the campus or UCDHS Radiation Safety Officer.

The appropriate Radiation Safety Officer will then set up a meeting with you to go over the Campus Policies and Procedures (i.e., receipt and disposal, hazard rating, applicant's responsibility, etc.).

REFERENCES:

To assist you in the application process, please refer to the UC Davis Radiation Safety Manual.

FORM 2
 University of California, Davis
 Environmental Health & Safety, Health Physics

RADIATION USE AUTHORIZATION (RUA) APPLICATION

Proposed RUA# _____

A. Applicant (Submit Statement of Experience)

Name: _____	Date: _____
Department: _____	Office phone: _____
Mailing address: _____	Laboratory phone: _____
E-mail address: _____	Recharge #: _____

B. Co-Workers (Submit Statement of Experience for each worker)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Designate an alternate principal investigator with an asterisk (*)

C. Locations for Use of Radioactivity

Locations: _____

Please attach a diagram of each laboratory and clearly mark the areas of your laboratory where radioactivity will be stored or utilized.

D. Radionuclides Requested

Radionuclides	Chemical Form	Physical Form	Possession Limit	Experimental Limit

E. Protocol

Submit a Safety Protocol for each proposed procedure that uses radioactive materials.

F. Will this RUA involve use of radiation on humans as patients or research subjects? Yes _____ No _____
 (If no, you may submit an amendment in future for human use.)

G. Signatures

Principal Investigator	Date
Department Chairperson	Date
Radiation Safety Officer	Date

FORM 3
 University of California, Davis
 Environmental Health & Safety, Health Physics

Date Received: _____

RUA	Date Added	Date Term.

RADIATION USE AUTHORIZATION - STATEMENT OF EXPERIENCE

FIRST NAME: _____ LAST NAME: _____ PHONE (work): _____
 LAST 5 DIGITS SOC SEC #: _____ DATE OF BIRTH: _____ Circle one: Male Female
 DEPARTMENT: _____ RUA # & PI YOU WORK WITH : _____
 STATUS: STUDENT _____ VISITOR _____ EMPLOYEE _____ E-MAIL ADDRESS: _____

A. PREVIOUS EXPERIENCE

Have you had previous experience working with ionizing radiation? yes _____ no _____

If yes, then indicate the institution, date(s) and type of work.

Institution _____ Date _____ Type of work _____

Address: _____

Institution _____ Date _____ Type of work _____

Address: _____

B. PREVIOUS DOSIMETRY ISSUANCE

Has an institution(s) issued you radiation dosimetry for the **current calendar year**? yes _____ no _____.

If yes, then indicate the institution, address and duration.

Institution _____ Address _____

City _____ State _____ Zip _____ Duration _____

Are you presently issued dosimetry at another institution? yes _____ no _____ It is your responsibility to inform EH&S!
 Have you ever used a Planned Special Exposure (>5 rem/year)? yes _____ no _____; If yes, attach statement with details.

C. PLANNED IONIZING RADIATION WORK

List radionuclide(s), experimental quantities, and chemical form.

Radionuclide _____ Quantity _____ Form _____

Radionuclide _____ Quantity _____ Form _____

D. TRAINING

Indicate if you have ever received ionizing radiation safety training.

UC Davis EH&S radiation class lecture or test? yes _____ no _____ If yes, approximate date _____

List any other radiation safety training you have received:

Topic _____ Location _____ Duration (hrs) _____

I will or have read the appropriate EH&S radiation safety training booklet.

I will or have read the Safety Protocol(s) which correspond with my job assignment for RUA _____.

I have been made aware of the UC Davis Radiation Safety Manual, which contains emergency information.

I will follow the safety procedures necessary to work with radioactive material and minimize my exposure to radiation.

I hereby authorize UC Davis, Environmental Health and Safety/Health Physics to obtain information on the nature and amount of occupational radiation exposure that I received in the past.

 Signature

 Date

FORM 7

University of California, Davis
Environmental Health and Safety, Health Physics

RADIATION USE AUTHORIZATION AMENDMENT/RENEWAL REQUEST

RUA#: _____ PRINCIPAL INVESTIGATOR: _____ DATE: _____

Please amend my RUA to reflect the following changes:

[] A. Personnel: (Attach a Statement of Experience for each worker)

Add: _____
Delete: _____

[] B. 1. Change possession or experimental limits: (State change and justification)

2. Change in Chemical Forms: (State change and justification)

[] C. Add or Delete Radionuclides: (State change and justification)

	Possession Limit	Experimental Limit	
<u>Radionuclide</u>	<u>(mCi)</u>	<u>(mCi)</u>	<u>Chemical Form</u>
Add:	_____	_____	_____
Delete:	_____	_____	_____

[] D. Change in Procedures: (Attach a safety protocol for each project)

[] E. Change in Location: (Attach diagrams of all new locations)

Add: (Building) _____ (Room) _____
Delete: (Building) _____ (Room) _____

[] F. No Changes

Signature/Date



ENVIRONMENTAL HEALTH & SAFETY USE ONLY



RUA Renewal was performed _____ With changes listed
_____ Without changes

Training provided by the P.I. in the previous year: _____

_____ Amendment was performed _____ With change in HR category
_____ Without change in HR category

[] Change Authorized Use to: _____

[] Change Conditions and Restrictions to: _____

Hazard Evaluation:

Radionuclide _____

Quantity (µCi) _____

Use Factor _____

Assessment Factor _____

Tolerance Factor _____

R (Number of persons on RUA) _____

Hazard Rating =

$HR_i = R \sum ((Q_i \times U_i \times A) \div T_i)$ _____

Total H. R. = _____ Hazard Rating Category = _____

Comments: _____

Prepared By: _____

Campus/UCDHS Radiation Safety Officer Approval: _____ NR

Director of Health Physics Programs Approval: _____ NR

Radiation Use Committee Approval: _____ NR