

# OHSU RADIOACTIVE MATERIALS LICENSE AMENDMENT

**Note: This form is not for Medical / Human Use Licenses.**

When completed:

Licensee Name  Department

License Number  Licensee Phone  Lab Phone  Mail Code

Do you need expedited Radiation Safety Committee response?

The RSO will determine if personnel monitoring (badges, bioassay) is required. Monitoring in addition to that required can be discussed with the RSO.

**Check the change(s) being requested and provide all applicable information.**

**A. Animal Use**

1. If you will begin using live animals with radioactive material, please complete the radiation safety animal use questionnaire:

**B. Radionuclide Change(s)**

	Radionuclide	Max. Amount (mCi)	Usage Rate (per month / per week) (mCi)	Physical Form (eg; liquid, sealed, dry).	Chemical Form (eg: NaI, Nucleotides, RIA Kits)	Purpose
Add new Radionuclide(s) or new form(s)	<input style="width: 80%; height: 50px;" type="text"/>					
Increase Radionuclide Limit	<input style="width: 80%; height: 50px;" type="text"/>					
Delete Radionuclide(s)	<input style="width: 80%; height: 50px;" type="text"/>					
Decrease Radionuclide Limit	<input style="width: 80%; height: 50px;" type="text"/>					

1. Reason(s) for the radionuclide change(s):

NOTE: If radionuclide(s) are being added, complete Sections 2 through 5. Complete section 3 (below) if the disposal method for any radionuclide changes.

2. List experience (type of study), length of study, and location of the experience for each new radionuclide requested:

Radionuclide	Experience	Length	Location

3. List the waste type and describe the disposal method for each radionuclide requested:

Radionuclide	Waste Type	Method of Disposal	Storage Site (Room #)

NOTE: If "Drain Disposal" is used for any radionuclide above, and your current license does not list a sink for drain disposal, please include a room diagram showing the sink to be used for disposal.

4. Describe the shielding that will be used for the new radionuclide(s) as applicable:

5. Survey instrument(s) used for contamination monitoring:

Manufacturer:					
Instrument Model #:					
Detector Model#:					
Detector Type (NaI or GM)					
Calibration Date					
Instrument Serial #:					
Detector Serial #:					
Owner:					

6. Personnel monitoring systems: Requirements will depend on the radionuclide used and quantity.

Ring Badge       Whole Body Badge       Collar Badge       None

Download and attach dosimeter application forms for personnel from EHRS website, if needed:

<http://www.ohsu.edu/xd/about/services/integrity/ehrs/safety/rad/dos.cfm>

**C. Laboratory Change(s)**

1. Room(s) to be added: Building / Room(s)

a. List all rooms where radioactive materials are used or stored, including dark rooms, cold rooms

b. Include diagrams of all new rooms indicating locations of hot sink(s), use areas, refrigerator / freezer storage, and waste storage (Electronic diagram preferred).

2. Room(s) to be removed: Building / Room(s)

a. Date by which old lab(s) will be vacated:

NOTE: The RSO must check vacated rooms to certify they are contamination free prior to new occupancy or remodeling.

3. Laboratory layout change: Building / Room(s)

a. Provide a room diagram of the new layout of each room changed. (Electronic diagram preferred).

I, the applicant, have read and understand and agree to comply with the requirements of the OHSU Radiation Safety Regulations and Procedures.

Licensee Name

Title

Employee #

Date