

PROPOSAL FOR RADIOISOTOPE USE AT MIAMI UNIVERSITY

----- PART A - QUESTIONNAIRE -----

• Principal Investigator _____ Date _____

• Department _____ Telephone (office) _____ (lab) _____

Title of Experiment: _____

Facilities

- Primary room number and building where radioisotopes will be used _____
- List all other room number(s) where radioisotopes in the proposed plan will be used or stored (e.g., cold rooms, equipment rooms, counting rooms) _____
- Have the above locations been approved by the Radiation Safety Officer? No Yes
- Room number(s) of each authorized radioactive material use and disposal sink _____
- Are all of the authorized sinks listed above clearly defined and radioactive labeled? No Yes

Dosimeters/Survey Equipment

- Indicate your use of the following: beta emitters with a maximum energy greater than one (1) MeV; gamma emitters; neutron-generating devices or sources; x-ray-producing devices.
- NOTE: If you indicated your intent to use any of the above, radiation dose monitoring devices are required for persons using the sources listed in this proposal that meet the above criteria.

If you indicated use of any of the above, have you contacted the Radiation Safety Office to request that personal dosimeters be issued upon Radiation Safety Committee approval? No Yes

- Do you have a survey meter? No Yes NA. If yes, provide the following information:
Mfgr _____ Model # _____ Serial # _____
Date last calibrated _____ Storage location of the meter _____

Training/Certification

- Have you attended the Miami University Radiation Safety Training course? No Yes
- If no, indicate when you are scheduled to complete the required training _____
- If yes, indicate the date you successfully completed the required training _____

