

**Application for Authorized User Status for
Acquisition and Use of Radioactive Materials**

Radioactive Materials Authorized Users Responsibilities:

1. I understand that as an Authorized User I shall provide direct supervision of all new Radiation Workers during radiation use until such time as I or my designee is confident that they can handle radioactive material safely and competently.
2. I understand that as an Authorized User I shall provide training specific to the protocols in my lab.
3. I understand that as an Authorized User I shall designate in writing to the Radiation Safety Officer an alternate Authorized User to provide oversight of my radiation labs during a leave of absence greater than 60 days.
4. I understand that as an Authorized User I shall notify the Office of Radiological Safety in writing of my intention to terminate my Authorized User status at least 30 days prior to the proposed termination.
5. I understand that as an Authorized User I shall notify the Office of Radiological Safety in writing of my intention to move my radioactive materials lab at least 30 days prior to the proposed move and wait for the approval of the Radiation Safety Officer before moving my lab.
6. I understand that as an Authorized User my Form A will expire five years after the approval date and I shall renew or replace my Form A prior to the expiration date.
7. I understand that as an Authorized User I shall be responsible for all radioactive materials on my inventory and I shall complete and sign my Quarterly Radioactive Materials Inventory within two weeks of receiving the inventory.
8. I understand that as an Authorized User I or my authorized designee shall review for correctness and sign all forms documenting requests for the acquisition (Form C), use (Form E), or disposal (Form G) of radioactive materials in my

Signature: _____ Date: _____
Print Name: _____

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1. Applicant Information (Attach résumé that substantiates any experience working with radioactive materials.)

Last Name: _____ First Name: _____ Date: _____

Title: _____ Department: _____

Email Address: _____ Dept. Mail Code: _____

Office: Building: _____ Room: _____ Phone: _____

Use Location: Building: _____ Room: _____ Phone: _____

Storage Location: Building: _____ Room: _____ Phone: _____

2. Project Information (Include requested radionuclide in title of project, e.g. H-3, C-14)

Title: _____

No. of Persons Working on Project: _____ (Attach a completed Form B, Radiation Worker Registration Form, for each person)

3. Radiological Data

Isotope	Possession Limit (mCi)	Per Source Limit (mCi)	Physical Form	Chemical Classification	Half-life	
					Radioactive	Biological

4. Description: Provide a brief abstract of the experiment to be performed, including its purpose and/or objectives.

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5. **Storage Areas:** Specify where and how radioactive materials will be stored.

6. **Security:** Specify how radioactive material will be physically secured from theft and misuse.

7. **Handling Procedures:** (Note: Use additional sheets as necessary. Append references.)

a. Describe stepwise (i.e. enumerate), the procedure to be used from opening of container until product is discarded as radioactive waste. Commercial or referenced procedures may be cited if copies are attached.

b. For non-sealed sources, describe any dilution or aliquoting procedures, indicating: (1) method of dilution, (2) subsequent aliquot amounts, and (3) where this is to be done - room, hood, etc.

c. Describe procedures for marking and labeling radioactive material containers indicating: (1) what is to be labeled, (2) when it is to be labeled, and (3) assay procedures to be used.

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d. For sealed sources, describe how the source is to be secured and shielded. What is the expected dose rate in the general area of use?

e. Identify any procedural steps where volatile radioactive materials may be present. Explain the radiation safety methods to control volatility hazard.

8. Training: Describe initial and refresher training procedure for radioactive material users and for non-radioactive material users who have access to your laboratory.

9. Radiological Precautions: Outline handling and shielding procedures to be used to minimize personnel exposure and laboratory contamination.

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10. Radiation Surveys: What instruments are available to be used for checking lab equipment, glassware, and personnel during experimentation? Describe the method, frequency, and documentation procedure for checking for contamination. What equipment is available for checking the laboratory for contamination? Describe the method, frequency, and documentation procedure for checking the laboratory for contamination.

11. Waste Disposal: Identify the nature of waste, including potential solvents, pH, chemical or biological hazardous characteristics. Estimate the approximate quantity and volume of radioactive waste which will be generated by this project. The ORS provides containers for solid, liquid, and scintillation vial wastes.

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In making application for Authorized User status, I acknowledge that I have reviewed the State of Georgia regulations, GeorgiaTech Radiation Safety Policy Manual, and Office of Radiological Safety Procedure 9501 "Control and Accountability of Radioactive Materials" and agree to adhere to these rules and regulations.

Signature: _____

Date: _____

Comments and/or Amended Conditions:

Office of Radiological Safety Review and Approval

Radiation Safety Officer

Date: _____

Radiation Safety Committee Review and Approval

Chairman, Radiation Safety Committee

Date: _____