

- New
- Amendment
- Renewal
- Transfer

Harvard University
Application for a Permit to use Radioactive Materials
 Return to: Harvard University
 Radiation Protection Office
 46 Blackstone Street; Cambridge, MA 02139
 Facsimile: (617) 496-5509



Authorized User: (Last) (First) (M.I.)		Degree(s):
(Permit Holder)		
Appointment:	School:	Dept:
Office Address: (Bldg.) (Room) (Street Address) (City)	Telephone:	
E-mail address:		Facsimile:
Alternate Permit Holder: (Last) (First) (M.I.)		Alternate's Telephone:
Alternate's e-mail address:		Alternate's Facsimile:
Preferred Contact: (Last) (First) (M.I.)		Contact's Telephone:
Contact's Title (Laboratory Safety Officer, Admin, etc.):		
Contact's e-mail address:		Contact's Facsimile:

SECTION 1: LABORATORY SPACES

SECTION 1	Building(s):	Laboratory Room Numbers:

SECTION 2: RADIOISOTOPE USAGE INFORMATION

SECTION 2	Isotope	Half-Life	Estimated Maximum Activity per Procedure	Maximum Qty Purchased at any one time (in mCi)	Maximum Activity for Possession at any one time (in mCi)	Chemical Form or Class of Compound	Procedure(s) in which the Isotope will be used	Estimated Frequency of Procedure (per month)

SECTION 3: X-RAY PRODUCING EQUIPMENT

SEC 3	Manufacturer	Model No.	Serial No.	Operating Parameters (KVp/Ma)	Type of Use (Analytical/Medical)

SECTION 4: RADIOACTIVE SOURCES (Including Generally Licensed Material Sources but not liquid stock bottle)

SECTION 4	Manufacturer	Serial Number	Isotope	Half-Life	Activity (in mCi)	Unit Type

SECTION 5: RADIATION DETECTION INSTRUMENTATION AVAILABLE TO THE LABORATORY

SECTION 5	Liquid Scintillation Counters			Gamma Counters			Survey Meters		
	Manufacturer	Model Number	Quantity	Manufacturer	Model Number	Manufacturer	Model Number	Probe Type	Quantity

SECTION 6: AUTHORIZED USER'S FORMAL TRAINING

SECTION 6	Coursework or Seminars	Training Location(s)	Duration (hours)	Date(s)
	<i>Principles of Radiation Protection</i>			
	<i>Radioactivity Measurements and Detection</i>			
	<i>Mathematics for the Use and Measurement of Radioactivity</i>			
	<i>Radiation Biology</i>			
	<i>Other:</i>			

SECTION 7: AUTHORIZED USER LABORATORY EXPERIENCE WITH RADIOISOTOPES / X-RAYS

SECTION 7	Isotope	Maximum Amt. Used	Procedure in which Isotope(s) used	Name of Institution	Duration of Experience (mos/ yrs)	Date(s), beginning with most recent

SECTION 8: LABORATORY WORKERS USING RADIOACTIVE MATERIALS / X-RAY EQUIPMENT

SECTION 8	NAME: (Last, First, Middle Initial)	Degree(s)	Harvard EH&S RAM Training Complete? (Y/N)	Other Formal RAM Training (in hours)	Laboratory RAM experience (in hours)

SECTION 9: SPECIAL RADIATION CONCERNS / ADDITIONAL INFORMATION (if appropriate)

Will radioactive material be used with animals? Yes No

If yes, please include the Protocol Number from the Standing Committee on Animals _____

Will radioactive material be used with any biohazardous materials? Yes No

If yes, please include the organism name _____ and COMMS Registration Number: _____

Will radioactive material be mixed with any hazardous chemicals? Yes No

If yes, please include the name of the chemical _____

SECTION 10: CERTIFICATION AND SIGNATURE

I have received, read, understand, and agree to follow the requirements of the Harvard University Radiation Safety Manual.

Signature of the Applicant

Date