



Radiation Safety

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Serving Stony Brook University, Stony Brook Medicine, & Article 28 facilities

RESEARCH RADIOACTIVE MATERIALS PERMIT APPLICATION

The Research radioactive materials Permit Application is to be filled out by the person who will be responsible for oversight of the use of radioactive materials in the research group, research facility, department/lab or teaching center and meets the requirements of **ERM.EHS.RS 114 Radioactive Materials/X-Ray Research Permit Holder Requirements and Qualifications**. This individual will become the permit holder for the radioactive materials lab. The Permit Holder is also responsible for all users, staff members and/or students who use the registered devices in the laboratory.

Please email any questions or your complete application to radiationsafety@stonybrook.edu

Permit Holders should review, print out and retain copies of the following:

ERM.EHS.RS 114 Radioactive Materials/X-Ray Research Permit Holder Requirements and Qualifications
ERM.EHS.RS 118 Research Radioactive Materials, X-ray and Laser Permit Holder Responsibilities

Proposed Permit Holders must submit:

- Permit Holder's most recent Curriculum Vitae (CV) / resume or equivalent showing radioactive materials experience. Submission of a [Research Permit Holder Radiological Training Record](#) may be used in substitution to demonstrate previous experience and qualifications.
- Completion of Radiation Safety Training (SBRS 001) hosted on SALUTE LMS for the permit holder, staff, and students.
- [Research Personnel Radiological Authorization Request](#) for each radioactive materials user (other than the permit holder) working with or in close proximity to radioactive materials. Each form is to be signed by the user and permit holder.
- Diagram / map of all radioactive material locations to be used for radioactive materials research. Include location of radio-isotope storage, waste storage, areas of use, accelerators, etc. Include windows and door locations in each space.
- This application, completed in its entirety.

SECTION 1: CONTACT INFORMATION

PERMIT HOLDER	
Name	
Department	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

ALTERNATE CONTACT	
Name	
Department	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

SECTION 2: TYPE OF RADIATION PERMIT (CHECK ALL THAT APPLY)

- Radioactive Material: Research: *Complete sections 1 – 8 & 12*
- Radioactive Material: Animal Use: *Complete sections 1 – 8, 9 & 12*
- Accelerator: *Complete Sections 1- 8, 10 & 12*
- Human Research Facility: *Complete Sections 1- 8, 11 & 12*

2A. TYPE OF APPLICATION

- Initial Application
- Renew Application Please Enter Permit #:
- Amend Existing Permit (Check all that apply) Please Enter Permit #:
 - Add / Remove Isotope
 - Change isotope possession limit
 - Add / Remove authorized space
 - Other

SECTION 3: RADIOISOTOPE USE INFORMATION

Protocol #	Radio-nuclide	<u>Activity/ Experiment (mCi)</u>	Number of Experiments / Month	<u>Maximum Possession Limit Requested (mCi)</u>	<u>Chemical Form</u>	<u>Physical Form (liquid, solid, gas, sealed source)</u>	<u>Will experiment with requested radionuclide result in volatile releases to air?</u>	<u>If Yes, please indicate activity per experiment will be volatile (uCi/ experiment)</u>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Will any experiments involve special nuclear material or (SNM) and/or nuclear fuel cycle (NFC) related work? If Yes, attach an explanation to this application. Yes No

SECTION 4: EXPERIMENTAL PROTOCOLS

You may enter your experimental protocol(s) here or **append** them to this application, if additional space is needed. Each radioisotope and use must have an associated protocol. Please indicate any hazardous chemical use and/or any hazardous procedure (e.g. potentially explosive, inhalation hazard, etc.). All protocols must include information regarding the PPE that will be utilized, the maximum activity used per experiment (please include the activity contained in the stock vial, if applicable), segregation and storage of radioactive waste (including secondary containment), the use of fume hoods and shielding (as applicable), the frequency of contamination monitoring, and any other protective measures that will be applied in order to ensure that contamination and radiation exposure are kept **ALARA (As Low As Reasonably Achievable)**.

Check here if Protocol(s) are attached:

Protocol #1	
Protocol #2	
Protocol #3	
Protocol #4	

SECTION 5: LABORATORY / FACILITY INFORMATION

Areas you are requesting for radioactive authorization.

Building	Room Number	Use (e.g, Waste storage, inventory storage, cold room, freezer, main work area, etc.)

SECTION 6: SAFETY EQUIPMENT AVAILABLE

Lab Coats	Gloves	Safety Eyewear	Safety Shower / Eyewash	Fume Hood	Adsorbent Pads/Paper	Spill Supplies	Remote Handling Tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: RADIONUCLIDE STORAGE SHEILDING & SECURITY

Please Describe how radionuclides will be stored, shielded (as applicable), and secured.

Type of Material	Storage & Security (e.g., refrigerator, freezer, cabinet)	Shielding Type (e.g, Lucite, acrylic, lead, none)	Containment (e.g., plastic/lead pig, beta box, carboy)
Sealed Sources			
Stock Material			
Samples			
Liquid Waste			
Dry Waste			
Liquid Scintillation Waste			

Other			
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Additional Comments regarding storage, shielding and/or security

Check here if you certify you will abide by the Laboratory Waste Management Guide provided as an attachment to this application.

SECTION 8: RADIATION DETECTION EQUIPMENT

Please indicate all radiation detection equipment.

Survey Meter:

Manufacturer	Model	S/N	Detector Model	Detector S/N

Wall Monitor:

Manufacturer	Model	S/N	Detector Model	Detector S/N

Dose Calibrator:

Manufacturer	Model	S/N	Building	Room #

Well Counter/Automated Counter:

Manufacturer	Model	S/N	Building	Room #

SECTION 9: ANIMAL USE INFORMATION

Please complete the section below only if your radioisotope work involves the use of animals and attach a copy of the approved IACUC protocol.

Check here if IACUC protocol is attached:

Title of Research Project:

IACUC Protocol Number:

Species	Average Weight of Animal	Number of Animals/Experiment	Number of Experiments / Year

Radioisotope and Chemical Form	Animal Body Weight (grams)	Activity per Animal to be injected (uCi)	Total Number Animals injected per experiment	Total Number of Experiments Expected

Experiment Location (Building & Room#):	
Animal Carcass Storage Location:	
Animal Housing Location:	

Will radioactive material be injected into the live animal? Y N

Will the animal be euthanized immediately after injection? Y N

Please describe the arrangements for animal care and contamination control:

Please describe shielding and safety measures for radiation workers/animal handlers.

Please describe the waste storage and disposal procedures for excretions, bedding, cages and euthanized animals/tissue, as appropriate.

SECTION 10: ACCELERATOR INFORMATION

10A. FACILITY MANAGER INFORMATION

Name	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

10B: Please Identify each Accelerator

Manufacturer	Model / Serial No.	Location	Type of Device	Purpose of Accelerator	Number of Targets (if applicable)

10C: Please check any additional hazards associated with your accelerator

- Magnetic Field
 Radio Frequency Field
 Neutrons

SECTION 10D: PROPOSED USE OF ACCELERATOR

Please describe how you will use the accelerator listed in the inventory above. A general summary is acceptable.

SECTION 10E. SAFE OPERATING PROCEDURES

You may enter the manufacturer's safe operating procedures here or append them to this application. Each model of accelerator must have associated safe operating procedures. Additionally, please include information regarding the shielding equipment that will be utilized and personnel dosimetry requirements.

Check here if safe operating procedures are attached

SECTION 10F. EMERGENCY PROCEDURES

You may enter the manufacturer's emergency procedure procedures here or append them to this application. Each model of accelerator must have associated emergency procedures.

Check here if safe operating procedures are attached

SECTION 10G: ACCELERATOR OPERATOR INFORMATION

Please indicate laboratory personnel who will be operating radiation producing devices in your laboratory. All operators must complete appropriate training and be formally authorized before operating any accelerator.

Last Name	First Name	MI	SBU ID#	Role

10H: ACCELERATOR TRAINING

Name (Last, First, MI)	Date of Training	Where Trained	Type of Training (Operator, Engineer, etc.)	Accelerator Model

***Please attached training documentation to this permit application**

SECTION 11: HUMAN RADIOACTIVE RESEARCH FACILITY**11A. FACILITY MANAGER INFORMATION**

Name	
Office Address	
Email	
Office Phone	
Lab Phone	
Emergency Contact Phone	

11B. (Areas requesting for radioactive authorization)

Building	Room Number	Use (e.g Patient holding, camera room, source storage, metabolite lab, etc.)

11C. HUMAN SUBJECT IMAGING CAMERA INFORMATION

MODEL	TYPE (PET/SPECT, etc.)	SERIAL NO.

11D: PHYSICIAN AUTHORIZED USER INFORMATION

Name (Last, First, MI)	NYS Medical License #	HAS THE PHYSICIAN-AUTHORIZED USER BEEN APPROVED TO ORDER RADIOPHARMECEUTICAL INJECTION AS PER 10 NYCRR 16.123?

11E: CERTIFIED NUCLEAR MEDICINE TECHNOLOGIST INFORMATION

Name (Last, First, MI)	NYS NMT License #	NYS License Expiration Date

SECTION 12: PERMIT HOLDER CERTIFICATIONBy checking this box:

The undersigned certify that the use of all radioactive materials shall be in accordance with pertinent State and Federal regulations, in addition to SBU, Office of Environment, Health and Safety and Radiation Safety Program policies, procedures, permit conditions and within the limits of this application. I certify that I have reviewed and understand the requirements as outlined in the University Radiation Safety Manual. I understand that any changes or amendments to this permit application must be performed in a separate amendment application and approved by the RSO.

Principal Investigator:

Date:

SECTION 13: REVIEW – DO NOT USE**13A. PERMIT MODIFICATIONS REQUIRED**

THE ABOVE APPLICATION HAS BEEN REVIEWED BY THE RADIATION SAFETY OFFICER AND THE RADIATION PROTECTION COMMITTEE AND IS NOT APPROVED UNTIL MODIFICATIONS ARE COMPLETED AS DETAILED BELOW.

Comment #	Modifications Required

13B. PERMIT APPROVAL

1. **THE ABOVE APPLICATION HAS BEEN REVIEWED BY THE RADIATION SAFETY OFFICER AND THE RADIATION PROTECTION COMMITTEE AND IS HERBY APPROVED.**
2. **THE PRINCIPAL INVESTIGATOR MUST ABIDE BY ALL THE CONDITIONS OF THE PERMIT.**
3. **THE PERMIT SHALL BE ACTIVE FOR A PERIOD OF FIVE (5) YEARS FROM THE APPROVAL DATE INDICATED.**
4. **FAILURE TO ABIDE BY THE CONDITIONS OF THE PERMIT AND/OR APPLICABLE REGULATIONS CAN RESULT IN THE SUSPENTION OR REVOKATION OF THE PERMIT**

Date Approved	Permit Number	Expiration Date

cc. Principal Investigator
 Radiation Safety File
 Department Chair\
 University Radiation Protection Committee (URPC)

PERMIT CONDITIONS:

A large, empty rectangular box with a thin black border, intended for the user to enter the permit conditions. The box occupies most of the page's vertical space below the section header.