RADIOISOTOPE INTERNAL PERMIT APPLICATION

Part A

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Revised By:	CCD		
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Revision Date:	Feb. 10, 2017	Pages	4

INSTRUCTIONS:

    a) *All persons planning to use Radioactive Materials at locations controlled by the University of Lethbridge are required to apply and obtain an approved Internal Radioisotope Permit*

    b) All new Authorized Workers and Permit Holders must be registered with the Radiation Safety Office. Complete answers to the following questions are required to assess your application and implement appropriate safety procedures. Attach additional pages if required.

    c) **Return completed application to:** Radiation Safety Officer, Safety Services, Markin Hall M4145. safety.services@uleth.ca

1. Applicant/Responsible User:

Name: _____

This is an application for: *Renewal* of existing Permit ____   OR   *New* Internal Radioisotope Permit ____

Current or previously assigned Permit Number(s):_____

Anticipated start date for working with radioisotopes_____ (Allow up to four weeks for processing.)

Department: _____

Office (Room #Bldg):_____

Phone (office):   _____ **(lab):**_____

Fax number: _____ **email:** _____

Summary of training and experience working with radioisotopes (include radioisotopes, training dates, course duration and location; date and length of time which you last did work with radioisotopes:

    _____
    _____
    _____
    _____

2. Intended Use of Radioactive Materials

    a) **Statement of Intended Use of radioisotopes** (Describe the radioisotopes and experimental protocols. Include the quantity of each radioisotope that will be used in each procedure (attach additional pages, if necessary):

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

b) Waste Disposal: list the form of waste materials that will be produced and the proposed method of disposal (attach additional pages, if necessary).

Radioisotope	Type of Waste	Proposed Method of Disposal

3. Radioisotopes: List all isotopes that you are applying to be permitted to use or store. There are two types of permits - sealed source or open source. *List activities in MBq (1 mCi = 37 MBq).*

a) Sealed Source Permits allow the purchase, use and storage of radioactive materials that are encapsulated or encased in such a way that it is extremely unlikely to be absorbed into the body. Sealed Sources may be in the form of calibration sources, moisture density gauges, electron capture chromatographs, X-ray fluorescence equipment, etc. This includes exempt quantities. (Attach additional sheets if required.)

Radioisotope	Activity and Calibration date	Source Serial Number	Complete this section for Sealed Sources incorporated into Devices.		
			Device Manufacturer	Device Model #	Device Serial #

Note: Leak testing of SEALED SOURCES containing more than 50MBq (1.35mCi) is mandatory.

b) Open Source Permits allow the purchase, use and storage of radioactive materials in the form of a solid, liquid or gas. These sources are provided in a container designed to allow the removal or extraction of some or the entire radioactivity such as a vial, ampoule or bottle. The information supplied by the applicant will be used to assess the containment level of the laboratory as per CNSC regulations*. **Maximum activity in storage and requested possession limit include the <u>total activity of all stock solutions, samples and waste</u> in the possession of the Permit Holder (Attach additional pages, if required).**

Radioisotope	Maximum activity in use at a single time	Maximum activity per vial/container	Maximum activity in storage	Requested Possession Limit	Approved Possession Limit (this column is for RSO use only)

4. Locations (Room & Building) where radioactive materials will be stored and/or manipulated:

Locations for storage and manipulation:
Locations for storage only:
Locations for manipulation only:

5. Instruments for Contamination Monitoring and Sample Counting: (List all instruments that may be used (purchased or borrowed) – The Permit Holder MUST demonstrate that access to appropriate instruments for monitoring is available.

a) Bench Top Counters (beta or gamma counters)

Make and Model of counter	Counter Serial #	Source	Activity / Date	Source Serial #	Location (Room & Bldg)

b) Portable Survey Meters

Make and Model of meter	Make and model of probe (s)	Location (Rm & Bldg)	Check Source			Ownership
			Radioisotope	Activity / Date	Serial #	

6 a) Radiation Laboratory Supervisor (RLS) *The RLS must indicate their agreement to act on behalf of the Permit Holder by completing the RLS declaration at the end of this form.*

First Name:	Surname:	Office Phone #: :	Room # & Building:

Summary of training and experience using radioisotopes (include radioisotopes, training dates, course duration and location; date and length of time which you last did work with radioisotopes:

_____

_____

_____

_____

b) Authorized Workers: Complete **"*Part B List of Authorized Workers"*** on page 4 by listing all personnel who, in addition to the Permit Holder and LRS, may be working with radioactive materials.

Declarations

I, the nominated Radiation Laboratory Supervisor (RLS), accept the responsibilities to act as the designate of the applicant in accordance with the procedures outlined in the University of Lethbridge "Radiation Safety Manual".

Date: _____   Name: _____ Signature of nominated LRS: _____

I, the Applicant, warrant the statements contained herein to be true and agree that the radioisotopes supplied against this application shall be used for the purpose and in the manner authorized by the University of Lethbridge Safety Committee. I hereby agree to comply with the rules and procedures outlined in the University of Lethbridge "Radiation Safety Manual".

Date: _____   Name: _____ Signature of Applicant: _____

Department Head Approval: I, the supervisor of the Applicant, approve of the applied for activities including the use of the locations listed in Section 4) and I am aware that the cancellation of the Applicant's Internal Radioisotope Permit requires the completion of a *Radioisotope Permit Decommissioning Form* and decommissioning of these areas.

Date: _____   Name: _____Signature of Department Head: _____

Related notes:
- **Requests for amendment of the following information should be submitted in writing to the RSO, Safety Services for subsequent approval by the Radiation Safety Committee.**

- **Records required as outlined within the conditions listed on the Internal Radioisotope Permit and the Internal Radioisotope Permit itself are the property of the University of Lethbridge and must be returned to Services upon request.**

- **If the Permit Holder wishes to cancel a permit they are required to indicate such intent to the RSO, Safety Services as soon as possible, and submit a completed "Radioisotope Permit Decommissioning Form".**

List of Authorized Workers

First Name	Surname	Job Title	Date Added/ Deleted	Radionuclides Used and Length of Experience	Radiation Safety Training	
					Date	**Location**