

UNIVERSITY OF ILLINOIS at URBANA•CHAMPAIGN  
**RADIATION PERMIT APPLICATION**

Division of Research Safety  
 Radiation Safety Section  
 (217) 244-4559 –or– (217) 244-7233

101 S. Gregory St., Room 106  
 Urbana, IL 61801-3070  
 (217) 333-2755/fax: 244-6594

Applicant Name _____	Department _____
Office Address _____	
Phone _____	Email _____@illinois.edu

*RSS use only*

This permit application is for a(n):  New permit. Permit # \_\_\_\_\_

Amendment to permit # \_\_\_\_\_

Renewal of permit # \_\_\_\_\_

**List all labs in which you plan to use or store radioactive materials or radiation-producing equipment and check “Yes” or “No” if these are shared spaces.**

<u>Building</u>	<u>Room</u>	<u>Phone</u>	<u>Shared Space</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If “YES” has been checked identifying shared space, please list the name of the person(s) who has responsibility for this shared space.**

<u>Name</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____

**List the name(s) of those who will be providing the day-to-day operation of the radiation safety program in the lab.**

<u>Name</u>	<u>Name</u>
_____	_____
_____	_____

**List each radionuclide (of unsealed radioactive material) to be used, the maximum quantity (in millicuries) that you reasonably expect to possess at any one time, and the chemical/physical form of each. Note: Once approved, a permit amendment is necessary to increase a radionuclide quantity.**

<u>Nuclide</u>	<u>Chemical/physical form</u>	<u>Maximum quantity (mCi)</u>
_____	_____	_____


**List each sealed radioactive source and other related information, if any are to be used.**

<u>Radionuclide</u>	<u>Manufacturer</u>	<u>Activity/date</u>	<u>Serial number</u>

**List all radiation-producing equipment to be used, such as X-ray machines, particle accelerators, and other equipment capable of producing ionizing radiation.**

<u>Type of equipment</u>	<u>Model #</u>	<u>Types of radiation emitted</u>

**Describe any use of radioactive materials in animals. Provide an estimate of the number of animals to be used, the dosage for each animal, the nature of samples to be taken for measurement, and plans for disposal of animal extractions and carcasses. (attach additional sheets if necessary)**


**List all radiation detection instruments available. (attach additional sheets if necessary)**

<u>Type of instrument</u>	<u>Manufacturer</u>	<u>Type of detector (GM, scintillation, ion chamber)</u>

**In general, describe the manipulations and handling of radioactive materials to be used in the laboratory. Include a description of the facilities and equipment that are available at each location where radioactive materials are to be used. Attach drawings describing the facilities, ventilation (fume hoods, filtration, etc.), storage facilities, (containers, shielding, etc.), waste receptacles, special equipment (remote handling tools, etc.), and protective equipment.(attach additional sheets if necessary)**

Please submit a description of applicable experience in the use of radioactive materials/radiation-generating equipment for each individual listed on page 1. Include where the experience was obtained and the period of experience. (attach additional sheets if necessary)

**Certification**

*I certify that the information stated herein is true and correct. This application is made under and in conformity with all applicable federal, state, and University regulations. I understand that all individuals working in the areas where radiation hazards may exist, will be informed of: the use and storage of radioactive materials; the health risks associated with radioactive materials; precautions to minimize exposure; the responsibility to promptly report any condition which may cause a violation of the regulations/license or unnecessary exposure to radiation. I further certify that no radioactive material or radiation-producing equipment will be transferred to another person or place inside or outside of the University without the prior consent of the Radiation Safety Section. Under no circumstances will radioactive materials be used in humans.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For RSS use only</i>	Application checklist	
<input type="checkbox"/> Waste receptacle area	<input type="checkbox"/> Hoods available (if necessary)	<input type="checkbox"/> Sink for liquid disposal
<input type="checkbox"/> Check lab egress/exits	<input type="checkbox"/> Work areas are clearly marked	<input type="checkbox"/> Radiation detector available
<input type="checkbox"/> Explain DRS system		
Checked by: _____	Date: _____	