

**UNIVERSITY OF PENNSYLVANIA  
ENVIRONMENTAL HEALTH AND RADIATION SAFETY OFFICE  
3160 Chestnut St, Suite 400/6287**

*RADIOACTIVE MATERIALS LICENSE APPLICATION*

**1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Office Phone \_\_\_\_\_ Lab Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Bldg and Room #'S: \_\_\_\_\_  
(where radioactivity will be used or stored)

Institution ID#: \_\_\_\_\_

**2** RADIONUCLIDES AND ACTIVITIES REQUESTED (mCi):

| Radionuclide(s) | Maximum possessed<br>at any one time * | Maximum purchased/<br>per year* |
|-----------------|--|---------------------------------|
| _____           | _____                                  | _____                           |
| _____           | _____                                  | _____                           |
| _____           | _____                                  | _____                           |
| _____           | _____                                  | _____                           |
| _____           | _____                                  | _____                           |

\* Should be calculated based on your protocol, activity per experiment and frequency per month (year).

The undersigned has read the Radiation Safety Guide of the University of Pennsylvania, and accepts his/her responsibilities as a user of radioactive materials as described therein.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**3 LIST TRAINING PERTINENT TO RADIATION SAFETY (including duration of education and training)**

| Type of training                    | Where trained | Duration of training |
|-------------------------------------|---------------|----------------------|
| Principles of radiation protection  | _____         | _____                |
| Biological effects of radiation     | _____         | _____                |
| Radiation detection instrumentation | _____         | _____                |

**4 LIST EXPERIENCE WITH RADIOACTIVE MATERIALS**

| Radionuclide | Maximum activity<br>Used (mCi) | Institution | Duration of<br>Experience |
|--------------|--------------------------------|-------------|---------------------------|
| _____        | _____                          | _____       | _____                     |
| _____        | _____                          | _____       | _____                     |
| _____        | _____                          | _____       | _____                     |
| _____        | _____                          | _____       | _____                     |
| _____        | _____                          | _____       | _____                     |

**5 NOTE ANY SPECIAL EXPERIENCE (e.g., iodinations, phosphorylations, etc.)**

**6 LIST LABORATORY WORKERS (Complete for each person planning to work with RAM).**

| Last Name | First Name |
|-----------|------------|
| _____     | _____      |
| _____     | _____      |
| _____     | _____      |
| _____     | _____      |
| _____     | _____      |

**7 PORTABLE RADIATION DETECTION INSTRUMENTS**

| Manufacturer | Model | S/N   | Type/Model of detector |
|--------------|-------|-------|------------------------|
| _____        | _____ | _____ | _____                  |
| _____        | _____ | _____ | _____                  |

**8 LIQUID SCINTILLATION COUNTER OR GAMMA COUNTER**

| Manufacturer | Model | S/N   | Internal source<br>(isotope, activity) | Location |
|--------------|-------|-------|--|----------|
| _____        | _____ | _____ | _____                                  | _____    |
| _____        | _____ | _____ | _____                                  | _____    |
| _____        | _____ | _____ | _____                                  | _____    |

**9 ATTACH A LAYOUT OF LABORATORY AREAS INCLUDING:  
WORK AREAS, "HOT" SINKS, FUME HOODS, WASTE STORAGE AREAS, COUNTING EQUIPMENT,  
ENTRANCES, ETC.**

**10 COMPLETE AND ATTACH ONE PROTOCOL SUMMARY FORM FOR EACH PROPOSED PROTOCOL YOU  
WILL BE PERFORMING. (<http://www.ehrs.upenn.edu/resources/docs/default.html#P>)**