



## Project Description

Project duration:

Methods/Procedures: Provide step by step procedures for laboratory procedures performed with radioactive materials. (Additional pages/Reprints may be attached.)

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**Training:** List training (formal courses) pertinent to radiation safety

Type of training	Location/institution	Duration ( hours)
Principles of radiation protection		
Radioactivity measurement		
Physics & mathematics basic to use and measurement of radioactivity		
Biological effects of radiation		

**Experience:** List experience with radioactive materials

Radionuclide	Maximum activity used mCi	Institution	Duration of experience

Please note any special experience (e.g., iodination, phosphorylation, etc.)

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**Facilities**

Location: List the building(s) and room number(s) where radioactive materials will be used and stored, and the proposed use of the room, e.g., counting room, storage, and laboratory use.

Building	Room No.	List of equipment used with RAM fume hood*, glove box, centrifuge, etc.	Use

\*Please specify the type of fume hood (chemical, laminar, biosafety cabinet, etc)

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**Measuring and Protective Instrument**

**Analytical Radiation Detection Equipment:** List the type (liquid scintillation counter, gamma counter, etc.), manufacturer, model number (if known), and location of any analytical equipment used with this protocol

Type	Make & Model	Location

**Portable Radiation Survey Instruments:** List the type(s), e.g. Geiger counter, scintillation detector, ion chamber, manufacturer and model number(s) of portable radiation survey instruments available in the facility.

Type	Make & Model	Probe Type/Model No.

Describe available shielding:

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**Waste:** Indicate the types of waste and the disposal category that will be generated:

- Solid ;  Aqueous Liquid;  Organic Liquid; Liquid Scintillation Fluids:  Regulated  Unregulated;
- Animal Carcasses

**Provide justification for use of regulated liquid scintillation fluids:**

**Arrangements for special problems such as carcass storage for animals.**

**Personnel:** List the name(s) of personnel who will be working with radioactive materials under the authorization for this project and their social security number (for tracking purposes).

First name	Last name	Sex (F, M)	Temple ID#	Radiation safety training

Note: All personnel working with or near radioactive materials must register with EHS as a radiation worker and receive training.

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**Certification**

I agree to conduct activities under the authorization for this project in full compliance with all applicable federal, state and local regulations, and EHS policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_