



Date Submitted

UVic Radiation Safety Committee Radioactive Materials Permit Application

The Principal Investigator (PI) is responsible for completing this application which will then be reviewed by the University of Victoria Radiation Safety Committee and, on approval, a radioisotope permit will be issued to be **valid for a period of no more than two years**. The PI is also responsible for notifying the Department of Occupational Health, Safety & Environment when any changes to information provided at the time of application are anticipated. If radioactive material or procedures not outlined in the original application intend to be used, the PI must re-apply to the Radiation Safety Committee. For further information or assistance in completing this form, please contact the Radiation Safety Officer at local 8875.

Part 1. Contact Information

PRINCIPAL INVESTIGATOR	OFFICE PHONE	BUILDING

DEPARTMENT	LABORATORY: Building and Room	FACILITY REVIEWED: Date

Part 2. Project Overview

APPLICATION STATUS				
New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/>				
Current UVic Radioisotope Permit Number (if applicable):				
Other Ethics/Research Safety Applications	Have applications for any of the following been submitted?		Has approval been obtained by any of the following committees?	
Human Research Ethics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Protocol #:
Animal Care Research Ethics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Protocol #:
Biosafety Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Registration #:
Scientific Diving Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Project #:
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reference #:

FUNDING INFORMATION (if applicable)	
Agency:	<input style="width: 85%;" type="text"/>
Funds Administered by: UVic <input type="checkbox"/>	Other: <input style="width: 85%;" type="text"/>
Account Number:	<input style="width: 85%;" type="text"/>

RESEARCH GOALS Describe goals in language suitable for a non-scientific audience

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EQUIPMENT AVAILABLE

Survey Meter <input type="checkbox"/>	Make & Model:	Calibration Date:	Bldg & Room #:
Liquid Scintillation Counter <input type="checkbox"/>	Make & Model:	Calibration Date:	Bldg & Room #:
Other:			

PERSONNEL WORKING WITH RADIOACTIVE MATERIALS

Surname	First Name	Middle Name	Job Title	Previous radioisotope experience?	Years of relevant experience	Gender*	Date of Birth*	Place of Birth*	Social Insurance Number*

*Applicable only when a dosimeter is required

DESCRIPTION OF TRAINING FOR PERSONNEL Briefly describe the training that will be provided and who will provide the training.

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Part 3. Radioactive Materials**A) RADIOISOTOPE REQUIREMENTS: OPEN SOURCES**

Isotope	Chemical form	Activity per experiment (mCi)	Maximum activity held at one time (mCi)	Annual activity requirement (mCi)	Will the work be <i>in vitro</i> or <i>in vivo</i> ?	Type of animal(s) used?	Where will animal work be done?

Types of manipulations that may increase risk (check below):

Centrifugation Sonication Blending / Mixing Injecting Pipetting

Are there any medical monitoring requirements (for example vaccinations, bioassays) for working with these materials? If so please list all requirements:

If required, has an Exposure Control Plan been submitted to the Department of Occupational Health, Safety & Environment? **B) RADIOISOTOPE REQUIREMENTS: SEALED SOURCES**

Isotope	Activity (mCi)	Manufacturer	Model No.	Type of device

STORAGE OF RADIOACTIVE MATERIALS (complete for all material described in above sections A and B)

Isotope	Temperature stored?					Where are they stored? Indicate building, room and storage location (e.g. freezer #)
	RT	4C	-20C	-80C	LN2	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 4. Procedures

A) Explain all work procedures for EACH radioisotope requested. Also please highlight any procedure that would increase the severity of the hazards (examples include sharps, or aerosol formation by centrifugation, vortexing, sonication etc).

Radioactive Material 1:

Radioactive Material 2:

Radioactive Material 3:

Radioactive Material 4:

Part 5. Control Measures

Describe the control measures that will be used when working with EACH radioactive material that will limit exposure (examples include gloves, type of shielding etc.). Also include information on waste disposal procedures.

Radioactive Material 1:

Radioactive Material 2:

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Radioactive Material 3:

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Radioactive Material 4:

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Part 6. Declaration

I accept responsibility for ensuring that work with radioactive material will be conducted in accordance with the *University of Victoria Radioisotope Policies and Procedures* and the *Nuclear Safety and Control Act and Regulations*, and have informed all personnel who may be at risk of the conditions of this work.

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Signature of Principal Investigator

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Date

In the event of the absence of the Principal Investigator, I agree that I or my designate shall assume the responsibilities of the Principal Investigator.

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Signature of Department Chair

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Date

Part 7. Affiliated Institution Radiation Committee Approval (If applicable, for example Deeley Research Centre and other off campus entities)

Affiliated Institution's Radiation Committee or Radiation Safety Officer Comments

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The application was reviewed and approved by the Affiliated Institution's Radiation Committee or Radiation Safety Officer and the Affiliated Institution Director

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Signature of Affiliated Institution Radiation Committee Chair or Radiation Safety Officer

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Date

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Signature of Affiliated Institution Director

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Date

Part 8. University of Victoria Radiation Safety Committee Approval

University of Victoria Radiation Safety Committee Comments

The registration document was reviewed and approved by the University of Victoria Radiation Safety Committee

Signature of University of Victoria Radiation Safety Committee Chair	Date
Signature of University of Victoria Radiation Safety Officer	Date

Please complete the form, obtain the appropriate signatures and either send a paper copy to the Department of Occupational Health Safety and Environment or email the completed pdf to the Radiation Safety Officer at hasanent@uvic.ca.

November 2017