

APPLICATION FOR RADIATION USE AUTHORIZATION (RUA)

Please provide all requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Be sure to sign and date the form at the end.

- 2. Locations:

Building	Rooms	

3. Names of Other Personnel Working under RUA. Individuals will need to complete appropriate radiation safety training if they have not previously done so. User Type: Authorized User (AU) or Supervised User (SU)

Last Name, First Name	Email Address	Chapman ID	User Type	Training

4. Radioactive Materials to be Used:

Isotope	Chemical Form	Physical Form (liquid, etc.)



5. Description of Proposed Uses of Radioactive Materials. Briefly summarize protocols for each radionuclide and procedures to be utilized.

6. Radiation Monitoring Instruments to be Used:

Portable Survey Meters for Directing Monitoring	Laboratory Counting Equipment for Wipe Tests	

7. Radiation Protection Precautions to be Followed. Give sufficient information about the methods and/or control devices used to prevent accidental or unnecessary exposure of project personnel and members of the public. Include engineering controls (remote handling tools, shielding, interlocked safety devices, etc.), PPE and Personal Protection Monitors:



8. Storage Procedures and Requirements. Describe in general what special handling procedures you will use to work safely and keep your dose as low as reasonably achievable (ALARA). Greater detail and the precautions taken at a particularly hazardous step of the process should be included. Describe any special storage requirements for your stock radioactive materials, materials in process, and waste.

9. Security. Also indicate in this section any additional security precautions your lab will take to secure your radioactive materials.



10. Description of Radioactive Waste Methods and Estimation of Annual Volumes. List predicted amounts of solids and liquids wastes, and liquid scintillation vials/fluids. Please address issues such as toxicity and volatility of compounds, pathogenicity of agents, and/or carcinogenicity:



11. Description of Potential Accidents, Spills, or Releases to the Environment. {i.e., evolution of gases or aerosols, or the volatilization of any compounds}

12. Spill Control

13. Emergencies



14. Description of Decontamination.

15. Lab-specific Training Documentation

I have read and understood the content of this RUA				
Name (printed)	Chapman ID	Signature	Date	

I CERTIFY THAT ALL WORK AS DESCRIBED ABOVE WILL BE PERFORMED IN ACCORDANCE WITH ALL FEDERAL AND STATE REGULATORY REQUIREMENTS AND ALL CAMPUS RADIATION SAFETY PROCEDURES.

Signature of Responsible Principal Investigator

Date

For additional information please refer to the Chapman University Radiation Safety Manual https://www.chapman.edu/faculty-staff/environmental/radiation.aspx