



Section 1: Permit Holder Information

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|-------------------------------------|--|-----------------|--------------------|
| Permit Holder/PI: | | College: | Department: |
| Authorization/Permit Number: | | | Phone: |
| Email: | | | Date: |

Section 2: Addition of Personnel to Permit

| Name | Job Title | Years of Radiation Experience | Completed KSU Radiation Safety Training? |
|------|-----------|-------------------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 3: Removal of Personnel from Permit

| Name | Reason for Removal | Removal Date |
|------|--------------------|--------------|
| | | |
| | | |

Section 4: Change in Permitted Isotope Activity Limit(s)

| Isotope | Current Isotope Limit (mCi) | Requested Limit | Current Total Activity on Hand (Stock + Waste) |
|---------|-----------------------------|-----------------|--|
| | | | |
| | | | |

If you are requesting an increase in activity, please provide justification below:

Section 5: Addition of Isotope(s)

| | Radioisotope | Half-Life | Maximum Purchased at one time (mCi) | Estimated Activity Per Procedure (mCi) | Maximum Activity on Hand at one time (mCi) | Chemical / Physical Form / Compound | Estimated Frequency of Use |
|----|--------------|-----------|-------------------------------------|--|--|-------------------------------------|----------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |

Section 5A: Explanation of Procedures

Please describe the procedures for which each isotope will be used (attach additional pages if necessary):

| | |
|-----------------|--|
| Radioisotope #1 | |
| Radioisotope #2 | |

Will radioactive materials be used with animals? Yes No If yes, please provide an explanation in the space below.

IACUC Protocol Number:

| |
|--|
| |
|--|

Will radioactive materials be used in combination with biohazardous materials? Yes No If yes, please provide an explanation in the space below.

IBC Protocol Number:

| |
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| |
|--|

Will radioactive materials be used in combination with hazardous chemicals? Yes No If yes, please provide an explanation in the space below.

List the name(s) of the hazardous chemical(s) (attach SDS):

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| |
|--|

NOTE: EHS will follow up with the permit holder to ensure that he/she has access to the proper monitoring equipment (i.e., GM survey meter, film badges, etc.), if applicable to the specific isotope proposed for use. If a GM survey meter is required, the PI/researcher will need to purchase one for the lab if not already available. If film badges are required, they will be assigned by EHS.

Section 6: Addition of Authorized Work/Storage Area(s)

| | Building | Room Number | Planned Use of Space |
|----|----------|-------------|----------------------|
| 1. | | | |
| 2. | | | |

NOTE: Prior to the addition of a new work/storage area to the permit, contact EHS to schedule a walkthrough of the proposed area(s) with the PI/researcher to identify designated use areas within the room, storage locations, and wipe test points. The request will then be reviewed by the Radiation Safety Committee before the addition is made to the permit.

Section 7: Security

Licensed (radioactive) materials must be under the constant surveillance and immediate control of a radiation worker or secured to prevent unauthorized access, use, or removal. In the space below, describe the measures that will be taken to meet these requirements.

Section 8: Removal of Authorized Work/Storage Area(s)

| | Building | Room Number | Current Use of Space |
|----|----------|-------------|----------------------|
| 1. | | | |
| 2. | | | |

NOTE: Prior to the removal of an authorized radiation work area from a permit, contact EHS to schedule a walkthrough of the proposed area(s). EHS will conduct an exit survey, which includes a contamination survey, removal of all radiation symbols, and any equipment that is cleared for relocation. Also, all radioactive materials will need to be transferred from the current authorized work/storage area to a new authorized work/storage area both physically and in the radioactive materials inventory.

Section 9: Requesting Change in Permit Status

Requesting Inactive Status
(The PI/researcher will maintain a radioactive materials use permit but will not store or use radioactivity.)

Prior to approval of changing to inactive status by the RSC, the following must be verified by EHS:

- 1. All radioactive materials (i.e., stock vials, working materials, sealed sources, and waste) must be removed from the lab and turned in to EHS.**
- 2. A contamination survey must be conducted of the work area, storage area, and equipment used with radioisotopes. The wipe tests must be negative for removable surface contamination.**

NOTE: The lab/work/storage area(s) will remain as an authorized use area(s) on the permit. However, the permit holder must contact EHS before resuming use of radioactive materials.

**Termination of Radioactive Materials Permit
(The PI/researcher will no longer have a permit to use radioactive materials.)**

Please check one of the following:

- I am terminating my radioactive materials permit but I plan to continue working in my current laboratory.**
- I am terminating my radioactive materials permit and I am moving out of my current laboratory.**
- I am terminating my radioactive materials permit because I am leaving KSU.**

Prior to terminating the radioactive materials permit, the following must be verified by EHS:

- 1. All radioactive materials (i.e., stock vials, working materials, sealed sources, and waste) must be removed from the lab and turned in to EHS.**
- 2. A contamination survey must be conducted of the work area, storage area, and equipment used with radioisotopes. The wipe tests must be negative for removable surface contamination.**

Upon termination of the radioactive materials permit, the PI/researcher will be informed in writing by the RSC.

Section 10: Signatures

As the individual responsible for this project, I confirm that the information contained in this application is true and accurate and, to the best of my knowledge, conforms with the requirements described in Chapter 391-3-17: Georgia Rules and Regulations for Radioactive Materials, the KSU Radioactive Materials License, the KSU Radioactive Materials Program, and the KSU Radiation Safety Committee Policies and Procedures. I confirm that this project does not unnecessarily duplicate previous experiments. No changes will be made to the permit status, procedures, radioactive isotopes, or radiation work areas described in the approved version of this permit document without prior written notification to and approval by Kennesaw State University's Radiation Safety Committee. I understand that failure to comply with any of the aforementioned requirements will jeopardize KSU's license to work with radioactive materials and my privileges to maintain a radioactive materials permit under the license.

Name of Permit Holder:

Signature of Permit Holder: _____

Date: _____