NORTH DAKOTA STATE UNIVERSITY *RADIATION SAFETY OFFICE* PROJECT SUMMARY

Date:		
New Project		Authorization # (do not write in this space)
Renewal		<u>k</u>
Amendment		
Add personnel		
1. Applicant	2. Depa	artment
3. Phone #		
4. Nuclide(s)		
5. Chemical and/or physica	l form(s)	
6. Position of label (if applic	able)	
7a. Amount/experiment	7b. Amount/shipment	7c. Amount on hand at any one time
9. Participating personnel (a class use, please submit class		sary). Note: If nuclide is to be used for er initial class.
NAME	DEPARTMENT	STATUS
1		
2		

- 10. Outline the purpose and method of your project (Give sufficient detail concerning the problem and methods of use of the radioactive material to provide a basis for an evaluation of health hazards and contamination potential).
- 11. Identify any procedures (e. g., purification procedures, synthesis, plant studies, etc.), which may cause particular problems.
- 12. Evaluate the radiation hazard from (a) the quantity of radioactivity in the starting material, (b) the volatile, liquid, and solid wastes, and (c) other contaminated items.
- 13. Note the instrumentation or methods used to ascertain the radiation level present. (List make, model and range for radiation monitors).
- 14. Indicate storage conditions for the material, including location and type of containment. Specify the design, thickness, and type of shielding which will be used when applicable.
- 15. Specify the precautions and procedures, which will then be taken during your possession of the nuclide to:

(a) Prevent unauthorized removal of by-product material.

(b) Prevent contamination and excessive levels of radiation in the work or adjacent areas.

(c) Monitor dose to workers.

(If nuclide is to be used in animals, please answer items 16 through 21 inclusive)

16. Animals to be used		
17. Average Weight of animals		
18. Total number of animals to be used		
19. Amount per animal (millicuries)		
20. Route of nuclide administration		
21. Do you anticipate that radioactivity will be contained in the animal's		
expired air?		
urine?		
feces?		
carcass?		

If any of the above answers are yes, please describe in detail the procedures you will employ to control and/or prevent the spread of contamination.

Applicants signature	Date
<u>Approval Temporary:</u> Radiation Safety Officer	Date
Final Approval: Radiation Safety Committee	Date