

California Institute of Technology
Application for Possession and Use of Radioactive Materials

Date	Permit Number		
Principal Investigator	Department	Mail Code	Extension

Radionuclide (One isotope only) _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Chemical/Physical Form</td> <td style="text-align: center; padding: 5px;">Quantity (millicuries)</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">per experiment per purchase</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Organic Compounds.....</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Inorganic Compounds.....</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Sealed/Plated Sources.....</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </table>	Chemical/Physical Form	Quantity (millicuries)		per experiment per purchase	<input type="checkbox"/> Organic Compounds.....	_____	<input type="checkbox"/> Inorganic Compounds.....	_____	<input type="checkbox"/> Sealed/Plated Sources.....	_____	<input type="checkbox"/> Other _____	_____
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<input type="checkbox"/> Other _____	_____												

Location of Use (Building & Rooms)

Description of Proposed Use (Give sufficient detail of procedures for Radiation Safety Committee evaluation. Attach additional pages if necessary. Describe any actions which increase the probability of external or internal radiation doses (e.g. distillation, use of dry powders, evaporation).)

Expected or possible hazards or reaction products from this use None

Carcinogen Biohazard Volatile Skin permeable Flammable Highly toxic Other _____

Authorized Users (List all persons using material under your supervision.)

Certification

We certify that the material will be used as described above, that no changes will be made without prior approval of the Radiation Safety Committee, and that approval conditions and all applicable provisions of the California and Caltech radiation regulations will be observed.

Signature of Principal Investigator

Signature of Division Radiation Safety Officer

Radiation Safety Committee Approval Conditions	
	Workplace Type <small>(See Radiation Safety Manual Appendix B.)</small> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Permit Approved By <input type="checkbox"/> Full Committee <input type="checkbox"/> Sub-committee	
_____ <i>Signature of Institute Health Physicist</i>	_____ <i>Date</i>
This permit VOID after March 31, _____	