APPLICATION FOR RADIATION USE AUTHORIZATION (RUA)

RUA Number {For EH&S Use Only}

						Date:			
Principal Investigator:						Office	Phone:		
D						Lab Pl	none:		
					T 'I A 11				
Locations {Provide	detailed maps	of commission	oned la	ab spaces when	e radioa	ctive mater	ials will be used ar	nd stored}:	
Building	Room#	Chem Hood/BSC?				Pu	rpose/Activities to	be performed	
	<u> </u>	□Y□N Ce		+					
		□Y□N Ce							
		□Y□N Ce	ert Dat	e:					
Names of Personne Indicate if Male (Martining if they have	f) or Female (F)). {They wil	ll need	to provide sta			nary point of conta ons and/or complet		
Indicate if Male (M	f) or Female (F) e not previously). {They wil y done so at U	ll need UCI.}:	to provide sta	te-issued		ons and/or complet		
Indicate if Male (Matraining if they have	f) or Female (F) e not previously). {They wil y done so at U	ll need UCI.}:	to provide sta	te-issued	d certification	ons and/or complet	te appropriate r	radiation saf
Indicate if Male (Matraining if they have	f) or Female (F) e not previously). {They wil y done so at U	ll need UCI.}:	to provide sta	te-issued	d certification	ons and/or complet	Role Responsible Safety Super	le PI ervisor
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Indicate if Male (Matraining if they have Last Name, First Manager Programme) Radioactive Materia	f) or Female (F) e not previously Name als to be Used:). {They wil y done so at U	ll need UCI.}:	Date of Birth Physica	ite-issued	UCI N	DetID Experiment	Role Responsible Safety Super Authorized mCi per F	le PI ervisor User
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Manufacturer:

Serial #(s):

Manufacturer:
Serial #(s):

Model:

Model:

Probe(s)

Non-human Use	Human Use
Iodinations	In vivo
Chemical Labeling	In vitro
Uptake Studies	PET Scanning
Sealed Sources	Nuclear Medicine
Other	
mounts of radioactivity to be administered	ise, describe experimental procedures. If animals or plants are to be used, identify the distribution of the organism, and the number of organisms per experiment, per month and platerials used in experimental procedures. Please attach additional sheets as necessary.
adiation Monitoring Instruments to be Use	;d:
adiation Monitoring Instruments to be Use Portable Survey Meters for Direct	

Manufacturer:

Manufacturer:

Serial #:

Serial #:

Model:

Model:

Gamma Counter

9.	Radiation Protection Precautions to be Followed. {Give sufficient information about the administrative and engineering controls used to prevent accidental or unnecessary exposure of project personnel, members of the public and patients}:
10.	Description of radioactive waste procedures and estimation of annual volumes. {List amounts of dry solids, liquids [both aqueous and hazardous chemicals], liquid scintillation vials/fluids, and animal carcasses. Please address issues such as sterilization of biohazardous agents, volatility of compounds, and/or mixed waste segregation}:
11.	Description of radioactive material containment procedures in case of accidents, spills, or releases to the environment {i.e., available spill containment equipment, PPE, evolution of gases or aerosols, or the volatilization of any compounds}:
	ERTIFY THAT ALL WORK AS DESCRIBED ABOVE WILL BE PERFORMED IN ACCORDANCE WITH ALL FEDERAL DISTATE REGULATORY REQUIREMENTS AND ALL CAMPUS RADIATION SAFETY PROCEDURES.
	Signature of Responsible Principal Investigator Date

RETURN TO THE RADIATION SAFETY DIVISION, ENVIRONMENTAL HEALTH AND SAFETY 4600 HEALTH SCIENCES ROAD, UCI CAMPUS, ZOT CODE 2725