

APPENDIX N. Principal Investigator Application Form

BOSTON COLLEGE
Office of Environmental Health and Safety
St. Clement's Hall

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New User/User Update (circle one) **Application Date** ____/____/____

Name _____ Dept. _____ Apprvd. Date ____/____/____

Office _____ Building _____ Extension _____ Exp. Date ____/____/____

Home/Cell phone # _____

Isotopes to be used in:

Room _____ Building _____ Lab Extension _____

Room _____ Building _____ Lab Extension _____

Isotopes Used:

Isotope	Energy	t _{1/2}	physical/chemical form	Qty/experiment (μCi)	Lab Limit (μCi)
³ H	β ⁻ (0.02 MeV)	12.26 y	_____	_____	_____
¹⁴ C	β ⁻ (0.16 MeV)	5,730 y	_____	_____	_____
³² P	β ⁻ (1.7 MeV)	14.3 d	_____	_____	_____
³⁵ S	β ⁻ (0.16 MeV)	88 d	_____	_____	_____
Other	_____	_____	_____	_____	_____

Purpose and Nature of Use (Also cite specific operations that may affect contamination and/or exposure (e.g. grinding, evaporations, volatile compounds, *etc.* Attach additional sheets.):

Training:

Attach form: Worker Registration Form - Appendix M.

Monitoring Devices:

		Location In Lab	Other Location
___ Whole Body Dosimeter		<input type="checkbox"/>	_____
___ Ring Badges	<input type="checkbox"/>		_____
___ Geiger Counter		<input type="checkbox"/>	_____
___ Scintillation Counter	<input type="checkbox"/>		_____
___ Other _____		<input type="checkbox"/>	_____

Storage and Disposal Methods:

The radioisotope material will be stored and disposed of in the following manner (attach sheet if necessary):

Safety Procedures:

Describe safety procedures to be implemented while carrying out work with this (these) isotopes. Be specific for each isotope.

PI AUTHORIZATION

As principal investigator for research using the specified radioisotopes, I certify that I am familiar with the regulations for radioisotope use as specified in the BC Radiation Safety Manual and that a copy of this is available in my laboratory; also, that workers under my supervision have been provided with written guidelines for handling the specified isotopes.

Principal Investigator

Date ___/___/___

RSO/ARSO Approval

Date ___/___/___

Note: Permission to use radionuclides automatically expires after 5 years.