

MMRI APPROVAL FOR USE OF RADIOACTIVE MATERIALS

Type: () New approval – complete Sections 1 & 2
() Renewal – complete Section 1
() Visiting Scientist – complete Sections 1 & 2
Return completed form to Environmental Health and Safety.

Date of Request: _____

Expected Last Day: _____

SECTION 1

Name: _____ Phone: _____

Company Name: _____ Dept. Name: _____

Supervisor: _____

Location of Experiment: _____ Room 482 at 428 Oakmead Parkway, Sunnyvale, CA 94085

Radioisotope	Chemical Form of Isotope	Max Use mCi per Experiment	Max Use mCi per Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Note: Continue on back of form with additional chemical forms of isotopes. Users of P-32 and H-3 must complete questionnaire on back of form.

I have read, understood and will comply with the contents of Molecular Medicine Research Institute Radiation Safety Manual.

Approved by: _____
User Signature Date

Approved by: _____
Principal Investigator Signature Date

SECTION 2 “New Approvals and Visiting Scientists Only”

Social Security Number: _____ Sex: M F Birthdate: _____

Previous Occupational Radiation Exposure History:

Location	Date	Isotopes	Assigned Film or Ring Badge	
_____	_____	_____	Yes ()	No ()
_____	_____	_____	Yes ()	No ()
_____	_____	_____	Yes ()	No ()

Estimation of current calendar quarter radiation exposure (i.e. 1/1 to 3/31, etc.) _____ mrem

Formal Courses or classes in Radiation Safety:

Institution	Address	Date
_____	_____	_____
_____	_____	_____

SECTION 3 To be completed by the Radiation Safety Specialist

Special Precautions and/or Monitoring Procedures Required

Series#: _____ () Thyroid counts () Finger TLD
Participant#: _____ () Urinalysis () Basic Training Class
Employee number#: _____ () Body Badge () Seminar Training
Other: _____

Authorized Signature: _____ Date: _____

MMRI APPROVAL FOR USE OF RADIOACTIVE MATERIALS
SECTION 1 (CONTINUED)

Name: _____

Date: _____

Radioisotope	Chemical Form of Isotope	Max Use mCi per Experiment	Max Use mCi per Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPPLEMENTAL QUESTIONNAIRE

ISOTOPE P-32

1. Do you pipette P-32 labeled materials from vendor vials? YES () NO ()
 2. List maximum activity of the vendor vial you will handle in millicuries. _____
-

ISOTOPE H-3

1. Do you work with $^3\text{H}_2\text{O}$ or sodium borohydride? YES () NO ()
2. How many mCi per experiment are used? _____
3. Describe the regularity of the isotope use: _____