## **Application for Authorization to use Radioactive Materials on Research Vessels**

Office Use Only	
Amendment #	
Permit #	

1. Principal Investigate	or Information		Permit #
Name		Title/Position	
Address		Period of Use	
		From	
		То	
E-mail		Phone 	
	l Handle Licensed Mate		
Name	attached for each persor	n listed below, including the applicant. Title Position	Attach additional pages if necessary.
3. Radioactive Materia Attach additional p		Chemical/Physical Form	Activity (mCi)
	on of the intended use o	f each radionuclide. Attach additional	procedures for waste handling, if necessary.
Radionuclide	Description		
	—		

## Application for Authorization to use Radioactive Materials on Research Vessels 5. Locations of Use Geographical area of research with radioactive materials and coordinates 6. Cruise Specific Information Research vessel, cruse name, cruise number, captain, ports, etc. 7. Radioactive Materials Authorization from Home Institution Do you have authorization to use radioactive materials at your home institution? Yes Copy attached **Explain** No 8. Additional Requirements Applicant agrees to follow current waste disposal practices as summarized in the UW Radiation Safety Manual. Applicant agrees to to maintain a record of the use of all radioactive materials and all waste disposals. This documentation must be submitted to **UW Radiation Safety** at the end of the cruise. Applicant agrees to survey areas used for work with radioactive materials and complete a final report (Form 180). This form must be completed and returned to **UW Radiation Safety** at the end of the cruise. Applicant agrees to comply with all conditions of the authorization issued by the Radiation Safety Section and with the procedures set forth in the School of Oceanography <u>UNOLS Research Vessel Safety Standards chapter 10</u> Radioactive Material. 9. Certification The applicant accepts full responsibility for the safe use of radioactive material, will conform to the Rules and Regulations for Radiation Protection (WAC 246), conditions of the UW's license to use radioactive materials, conditions specified in this authorization, and UW Radiation Safety policies. **Applicant's Signature** Date 10. Reviewed by Health Physicist Approve Oisapprove

Health Physicist, Reviewer

Date