

- New
- Amendment
- Renewal
- Transfer

**Harvard University**  
**Application for a Permit to use Radioactive Materials**  
 Return to: Harvard University  
 Radiation Protection Office  
 46 Blackstone Street; Cambridge, MA 02139  
 Facsimile: (617) 496-5509



Authorized User: (Last) (First) (M.I.)		Degree(s):
(Permit Holder)		
Appointment:	School:	Dept:
Office Address: (Bldg.) (Room) (Street Address) (City)	Telephone:	
E-mail address:		Facsimile:
Alternate Permit Holder: (Last) (First) (M.I.)		Alternate's Telephone:
Alternate's e-mail address:		Alternate's Facsimile:
Preferred Contact: (Last) (First) (M.I.)		Contact's Telephone:
Contact's Title (Laboratory Safety Officer, Admin, etc.):		
Contact's e-mail address:		Contact's Facsimile:

**SECTION 1: LABORATORY SPACES**

<b>SECTION 1</b>	Building(s):	Laboratory Room Numbers:

**SECTION 2: RADIOISOTOPE USAGE INFORMATION**

<b>SECTION 2</b>	Isotope	Half-Life	Estimated Maximum Activity per Procedure	Maximum Qty Purchased at any one time (in mCi)	Maximum Activity for Possession at any one time (in mCi)	Chemical Form or Class of Compound	Procedure(s) in which the Isotope will be used	Estimated Frequency of Procedure (per month)

**SECTION 3: X-RAY PRODUCING EQUIPMENT**

<b>SEC 3</b>	Manufacturer	Model No.	Serial No.	Operating Parameters (KVp/Ma)	Type of Use (Analytical/Medical)

**SECTION 4: RADIOACTIVE SOURCES (Including Generally Licensed Material Sources but not liquid stock bottle)**

SECTION 4	Manufacturer	Serial Number	Isotope	Half-Life	Activity (in mCi)	Unit Type

**SECTION 5: RADIATION DETECTION INSTRUMENTATION AVAILABLE TO THE LABORATORY**

SECTION 5	Liquid Scintillation Counters			Gamma Counters			Survey Meters		
	Manufacturer	Model Number	Quantity	Manufacturer	Model Number	Manufacturer	Model Number	Probe Type	Quantity

**SECTION 6: AUTHORIZED USER'S FORMAL TRAINING**

SECTION 6	Coursework or Seminars	Training Location(s)	Duration (hours)	Date(s)
	<i>Principles of Radiation Protection</i>			
	<i>Radioactivity Measurements and Detection</i>			
	<i>Mathematics for the Use and Measurement of Radioactivity</i>			
	<i>Radiation Biology</i>			
	<i>Other:</i>			

**SECTION 7: AUTHORIZED USER LABORATORY EXPERIENCE WITH RADIOISOTOPES / X-RAYS**

SECTION 7	Isotope	Maximum Amt. Used	Procedure in which Isotope(s) used	Name of Institution	Duration of Experience (mos/ yrs)	Date(s), beginning with most recent

**SECTION 8: LABORATORY WORKERS USING RADIOACTIVE MATERIALS / X-RAY EQUIPMENT**

SECTION 8	NAME: (Last, First, Middle Initial)	Degree(s)	Harvard EH&S RAM Training Complete? (Y/N)	Other Formal RAM Training (in hours)	Laboratory RAM experience (in hours)

**SECTION 9: SPECIAL RADIATION CONCERNS / ADDITIONAL INFORMATION (if appropriate)**

Will radioactive material be used with animals?  Yes  No

If yes, please include the Protocol Number from the Standing Committee on Animals \_\_\_\_\_

Will radioactive material be used with any biohazardous materials?  Yes  No

If yes, please include the organism name \_\_\_\_\_ and COMMS Registration Number: \_\_\_\_\_

Will radioactive material be mixed with any hazardous chemicals?  Yes  No

If yes, please include the name of the chemical \_\_\_\_\_

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***SECTION 10: CERTIFICATION AND SIGNATURE***

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**I have received, read, understand, and agree to follow the requirements of the Harvard University Radiation Safety Manual.**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date