

Form RC-3**RADIOACTIVE MATERIAL USE APPLICATION**

Note: This completed form must be submitted to the Radiation Safety Officer prior to acquiring radioactive material forms and maximum activities not previous authorized. Attach supplemental sheets if necessary. Include a completed RC Form 1 for each individual listed below.

A. Authorized User Information (Principal Investigator who will be responsible for the rad. material)

Name: _____ Date: _____ Office Room No.: _____

UCF Title: _____ Bldg.: _____ Lab Room. No.: _____

Phone Extension: _____ Email: _____

B. Use Description

List the radioisotope(s), labeled compounds and/or sources/devices used, total activity requested (mCi) and amount of activity per experiment.

| Radio-isotope | Form (for sealed sources, list mfr. & model no.) | Max. Activity in Lab (mCi) | Max. Activity/Experiment (mCi) |
|---------------|--|----------------------------|--------------------------------|
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Describe the procedures and techniques involving radioisotopes to be used. If radioactive materials are to be administered to or on any animals, describe the type of animal, route of administration, and any other relevant details. If the material is in hazardous form, describe.

C. Staff

List the names of all individuals who will serve as Associate Investigators supervising the work of other radiation workers. Include a RC-1 form for each person. **Note:** If at a later date, additional personnel seek become Associate Investigators under this application, an updated form must be submitted.

| Name (First, Last) | PID | email | Bldg. | Rm. No. | Ext. |
|--------------------|-----|-------|-------|---------|------|
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D. Location of Use/Storage

(Attach a diagram of the lab area labeling areas of radioactive materials use, storage area, and waste area)

Location of use: _____ Location of storage: _____

Animals housed in: _____ Chemistry performed in: _____

E. Personal Protective Equipment

PPE to be used:
(Submit Form RC-2 for radiation badges) _____

Radiation shielding to be used: _____

Contamination survey instrument/method: _____

Signature: _____ Date: _____

RSO Signature: _____ Date: _____