

University of Pennsylvania
Office of Environmental Health and Radiation Safety
 3160 Chestnut St., Suite 400/6287
 phone: 215-898-7187 fax: 215-898-0140
www.ehrs.upenn.edu

RADIOACTIVE MATERIAL LICENSE APPLICATION

Section 1: Licensee Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Department	<input type="text"/>
Mailing Address	<input type="text"/>		Mail code <input type="text"/>
e-mail	<input type="text"/>	Penn ID #	<input type="text"/>
Office phone	<input type="text"/>	Lab phone	<input type="text"/>
Bldg. and Room #'s	<input type="text"/>		

(where radiation will be used or stored.)

Section 2: Radionuclides and activities requested (mCi)

Radionuclide(s)	Maximum Purchased at any one time*	Maximum purchased per year*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

*Should be calculated based on your protocol, activity per experiment and frequency per month/year.

The undersigned has read the [Radiation Safety User Guide](#) of the University of Pennsylvania, and accepts his/her responsibilities as a user of radioactive material as described therein.

Signature	<input type="text"/>	Date	<input type="text"/>
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Section 3: List Experience with Radioactive Material

Licenses are issued to Faculty Members who can demonstrate appropriate training and experience with radioactive materials. Training can be demonstrated by a combination of on the job training, formal radiation safety training programs, appropriate Board Certifications and/or academic courses. Applicants with less than 3 years of experience using radioactive materials will need to demonstrate at least 40 hours of radiation safety related training.

Radionuclide	Maximum activity used (mCi)	Institution	Duration of experience

Section 4: List Pertinent to Radiation Safety Training (include duration of education and training)

Type of Training	Where trained	Duration of training
Biological effects of radiation		
Principles of radiation protection		
Radiation detection instrumentation		

Section 5: Note any special experience (e.g. iodinations, phosphorylations, etc)

Section 6: Lab Diagram

Attach a layout of lab areas including: work areas, hot sinks, fume hoods, waste storage, stock vial storage, equipment, entrances, etc

Section 7: Protocol Summary Forms

[Link to protocol Summary Form](#)

Complete and attach for each proposed protocol that you will be performing.

Section 8: List Workers (Complete for each person planning to work with radiation).

Last Name	First Name	Penn ID *(8 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: Portable Radiation Detection Instruments

Manufacturer	Model	Serial Number	Type/Model of Detector
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Recommended Portable Instrument: [Ludlum Model 3 with Pancake probe or scintillation probe if using I-125](#)

Section 10: Liquid Scintillation Counter or Gamma Counter

Manufacturer	Model	Serial Number	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe any internal sealed sources located with the counter (typically Cs-137 or Ra-226)

Isotope Activity