Amendment to Radioactive Materials License Request Form

Instructions: If you wish to make changes to your license to use radioactive material please complete (please type) and forward this amendment to the Environmental Health and Safety Office, 800 Forchheimer. Changes may include the addition of a radioisotope, increase your total limits of material on-hand, changes in use of material or a change in laboratory location.

1. Authorized User:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Building &amp; Room:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Department:</th>
<th>Tel. #:</th>
<th>E-mail Address:</th>
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2. Type of Change. Change in laboratory location (If you are changing the location for use or storage of material or waste specify the building and room number for each).

<table>
<thead>
<tr>
<th>Use:</th>
<th>Material Storage:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Waste Storage:</th>
<th>Other:</th>
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3. Addition of a radioisotope or change in total limit:

<table>
<thead>
<tr>
<th>Radioisotope</th>
<th>Present Total Quantity (mCi)</th>
<th>New Total Quantity (mCi)</th>
<th>Max Amount Per Experiment</th>
<th>Chemical Form</th>
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4. Is the material to be obtained or used in especially hazardous form (e.g., carcinogen, highly toxic)?

   ____ No  ___ Yes   If yes, please explain: ____________________________________________

5. Radiation Protection: Check special equipment to be used to control radiation exposure.

   ___ Glove Box   ___ Handling Tongs   ___ Protective Gloves
   ___ Mechanical Pipettes   ___ Lab Coat   ___ Finger Dosimetry
   ___ Fume Hood   ___ Shielded Storage   ___ Body Dosimetry
   ___ Absorbent Liner & Tray   ___ Shoe Covers   ___ Radiation Signs and Labels
   ___ Shielding: __ Lead __ Lucite   ___ Liquid Scintillation Counter
   ___ GM Survey Meter   ___ Transport Container
6. Waste Disposal: Check the appropriate item(s) to indicate the types of waste you will be generating. Describe each waste stream (for example; Solid will consist of gloves, absorbent, pipette tips, etc.). Include information on any hazardous materials, biohazards, carcinogens, toxic chemicals, etc.*

<table>
<thead>
<tr>
<th>Solid</th>
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<tbody>
<tr>
<td>Liquid Scint. Vials</td>
</tr>
<tr>
<td>Aqueous</td>
</tr>
<tr>
<td>Organic</td>
</tr>
<tr>
<td>Animal</td>
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7. If you are adding a radioisotope to your license complete this section. (If necessary, use separate sheets.)
   a. Provide a description of experimental techniques for handling radioactive material. This should be provided for each radioisotope listed in section 2.
   b. Indicate those steps in the experimental procedure where loss of radioactive material is possible and describe the measures to be taken to control contamination.
   c. List precautions to be taken for the new radioisotope not specified on your original license (example: adding P-32). Also, describe the use of any special shielding devices to be used to limit personnel exposure.

8. If you are working with animals, please provide the following information. (If necessary, use separate sheets.)
   a. How (and where) will animals be housed.
   b. Provide the concentration (in units of uCi/gram) of the radionuclide averaged over the entire weight of the live animal.
   c. Describe the kind and number of animals to be used in the study.
   d. The ultimate fate of the animal and suspected excretion rate of the radionuclide.
   e. Describe handling and monitoring of the animals and proposed method of disposal of the animal(s) and excreta.
   f. Include a copy of the Animal Use Protocol.

9. If you are increasing your limit for a radioisotope, please provide the following information. (If necessary, use separate sheets.)

If the increase is a result of changes or additional experimental procedures, please describe the new procedure. Specify additional safety procedures that may be necessary for the increased amounts. (Example: Large quantities of I-125 in the form of NaI will require a fume hood).

10. Is this a permanent or temporary amendment (check one)?

   _____ Permanent   _____ Temporary   If temporary, the date amendment will expire: _________________

   Applicant Name: ____________________________________________________________
   Applicant Signature: ___________________________________ Date: _________________________

   _____ Checking this box indicates electronic signature if submitting by e-mail.