

University at Buffalo
Environment, Health & Safety Services
APPLICATION TO USE RADIOACTIVE MATERIAL
 PRINCIPAL INVESTIGATOR AUTHORIZATION

Part 1 Instructions: Fill in the information requested below. Refer to instructions on form RMA-1A. Print neatly.				
Last Name, First Name, Middle Initial			Office Address:	
Office Telephone:	UB Person Number:	Date of Birth:	Sex: M () F ()	Department:
* The Federal Privacy Act of 1974 requires notification that your SSN is required pursuant to the Nuclear Regulatory Commission. The SSN is used to track occupational exposure to ionizing radiation and if applicable shared with a vendor dosimetry service.				Social Security Number (SSN)*:
E-mail Address:			Office Fax Number:	
Have you ever worked with Radioactive Material or Radiation Sources at UB previously? NO () YES () If yes, list the Principal Investigator(s) with whom you have worked:				
Designate an individual who will be responsible for day-to-day radiation safety when you are not available:				

Part 2 Instructions: List intended locations of radioactive material use.		
Building Name	Room Number	Lab Telephone Number

Part 3 Instructions: Attach the following supplemental information. Check off requirements below.
<input type="checkbox"/> Form RMA-42 for each radioisotope experimental protocol requested. <input type="checkbox"/> Floor plan of each facility indicating locations of radioisotopes use and storage areas. <input type="checkbox"/> Form RMA-2 for each Associate Investigator (candidate) working under this pending authorization. <input type="checkbox"/> Current copy of your <i>curriculum vitae</i> (CV).

Part 4 Instructions: Summarize nuclides to be used as requested for experimental protocols.			
Radioisotope Requested ¹	Sealed Source Only	Maximum Activity to be Used for an Experiment ² (mCi)	Total Activity Requested for Authorization ³ (mCi)
	NO () YES ()		
	NO () YES ()		
	NO () YES ()		
	NO () YES ()		
1 – List each individual nuclide once. Do not list specific compounds of each nuclide. 2 – Maximum amount to be used at any one time as described in an experimental protocol. 3 – Maximum inventory amount for the PI's individual Radioactive Material Authorization.			

Part 5 Instructions: List available counting instruments and portable survey meters.		
Location of Liquid Scintillation Counter:		
Location of Gamma Counter:		
Survey Meter Make	Model	Detector Type

Part 6 Instructions: Summarize your experience using radioactive material (attach additional descriptive documentation, if available).		
Location of Experience	Type of Work / Nuclides and Activities Used	Duration

Part 7 Instructions: Read and sign certification. Check off requirements below. Submit this completed application and all required attachments to EH&S Radiation Safety Division, 14 Parker Hall, South Campus.		
Principal Investigator Certification: I hereby declare that:		
<input type="checkbox"/> I will take responsibility for the safe use of radioactive materials in my laboratories. <input type="checkbox"/> I have read the University at Buffalo's "Campus Commitment to Safety Policy," "Radioactive Materials Safety Manual," and "Guide to Radioactive Waste Management" and understand the requirements contained therein. <input type="checkbox"/> I agree to abide by these rules and any additional rules or amendments to existing regulations or discontinue working with radioactive material. <input type="checkbox"/> I will dispose of chemical and radioactive waste associated with my research and laboratory work according to the UB policies and requirements. <input type="checkbox"/> I request submission of this application for approval by the UB Radiation Safety Committee.		
If approved, the planned date for initiating radioactive material use is (month/year):		
Principal Investigator Applicant Signature:	Title:	Date: