

APPLICATION FOR CHANGE IN POSSESSION LIMIT

(For use by previously authorized Radionuclide Projects only)

Please type or neatly print all information

Project Number	Name of Project Director	Phone	Fax
Radionuclide	Current Possession Limit in mCi	Requested Possession Limit in mCi	
JUSTIFICATION FOR NEW POSSESSION LIMIT Number of experiments per month _____ Average activity per experiment _____ Reasons for increase(s) in possession limit(s): <input type="checkbox"/> Increased activity will be used per experiment <input type="checkbox"/> Increase in number of experiments <input type="checkbox"/> Larger activity will be purchased to take advantage of quantity price break. <input type="checkbox"/> Other _____ _____			
CHEMICAL AND PHYSICAL FORM <input type="checkbox"/> There is no change in the chemical or physical form of the material that will be acquired or used. <input type="checkbox"/> There is a change in chemical or physical form of the material that will be acquired or used as described below: 			
PROTOCOL REVISION <input type="checkbox"/> There is no change in the previously approved protocol. <input type="checkbox"/> There is a change in the protocol as described below (use additional sheets if needed): 			
METHOD OF RADIOACTIVE MATERIAL ACQUISITION <input type="checkbox"/> Commercial Supplier <input type="checkbox"/> Transfer from another UIC project <input type="checkbox"/> Transfer from another institution <input type="checkbox"/> Other _____			

RADIATION SAFETY MEASURES CURRENTLY IN USE

- All project personnel follow the General Rules, which are posted in each radionuclide lab.
- Radiation surveys are done at meaningful times including during and after performing procedures that could result in radionuclide contamination.
- Acrylic shields are used to protect workers when handling P-32 or other higher energy beta emitters
- Other _____

INCREASED RADIATION HAZARDS

Do you anticipate any new or increased radiation hazards (spills, exposure of personnel, increased radiation levels in the lab, etc.) associated with this increase in possession limit?

- No Yes. Please describe _____

ADDITIONAL SAFETY MEASURES

If you answered yes to the last question, please describe any procedural improvements or new equipment that will be utilized to address any new or increased radiation hazards (e.g., additional shielding, increased frequency of radiation monitoring, new contamination control procedures, etc.) Use separate sheet for details if necessary.

TRAINING OF PROJECT PERSONNEL

Have you provided additional radiation safety training to your staff regarding new radiation safety procedures needed to address hazards associated with this increase in possession limit?

- Not applicable because there is no increase in hazard associated with this request.
- Yes, please elaborate _____

SIGNATURE OF PROJECT DIRECTOR

Signature _____ Date _____

Please do not write below this line, for use by Radiation Safety Section only.

Date Application Received: _____ Receipt logged into database: By _____ Date _____