

APPENDIX D – RADIATION WORK PERMIT

RSO Use Only
RWP No.: _____

INSTRUCTIONS:

This form is to be completed by the AU and approved by the RSO and RSC prior to any work performed with radioactive materials. The AU should submit the completed form to the RSO via Campus Mail addressed to Environmental Health & Safety, 1716 Park Street.

PRIMARY AUTHORIZED USER: _____
 TITLE/POSITION: _____
 DEPARTMENT: _____
 TELEPHONE: _____
 E-MAIL: _____
 DATE PREPARED: _____

List all the isotopes and physical forms for which the permit is being sought (use supplemental sheets if necessary). If your permit is for a sealed source, please contact the vendor to obtain a copy of the Sealed Source and Device Registry certificate and attach it to this RWP.

Isotope*	Maximum activity that you are requesting to be in your possession at any one time, including waste and stores	Physical Form	Source Shall Be		
			Sealed	Open	Part of Device
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This application is (please check all that apply):

- An initial application for this isotope
- A request for a change of approved location for an existing RWP
- A request for an increase of an isotope approved in an existing RWP
- A request to add an AU to an existing RWP
- A request to change the contact information for the primary AU in an existing RWP
- A request to use radioactive material away from WKU under the condition of reciprocity
- Other: _____

Please answer the following questions (use another sheet of paper, if additional space is required).

1. Explain briefly the intended use of the radioactive materials/equipment.

2. List the building(s) and room(s) where the isotope(s) will be stored and/or used. Attach a scale floor plan showing these locations and the adjacent non-radiation use areas.

3. Is (are) this (these) location(s) currently an approved radioactive materials use/storage area?
 Yes No If yes, explain.
4. List the RWP No. for any other approved Radiation Work Permit you have been issued.
5. Describe the experiment in general terms. Indicate typical activities of radioactive materials to be used, and duration/frequency of use. Describe physical/chemical manipulations or activations intended, if applicable. If any activation products will result from the use of the indicated radioactive material, provide detailed information.
6. Will this material be used by persons other than you? Yes No
If yes, provide information to identify these persons, their qualifications, and indicate how you intend to ensure that they receive adequate supervision.
7. Are you familiar with the provisions and regulations of the following:
- | | | |
|--|------------------------------|-----------------------------|
| Standards for Protection Against Radiation, 902 KAR 100:019? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| WKU Radioactive Material License? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| WKU Radioactive Materials Safety Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
8. If there is (or shall be) possession of survey and monitoring equipment, complete the Survey and Monitoring Equipment Form in Item 20. Itemize specific items owned and/or those which you plan to obtain if this application is approved.
- There is (or shall be) survey/monitoring equipment. A Survey and Monitoring Equipment Form is completed in Item 20. Include any additional information that is important regarding survey/monitoring equipment.
- Survey/monitoring equipment is not required (state why).
9. Outline the specific plans for the transportation, order, receipt, use, and storage of radioactive material(s). Specify the records that will be kept.
10. Outline the specific plans for storage and disposal of radioactive waste (if any). Specify the records that will be kept.
11. Describe arrangements that have been made with the Radiation Safety Officer with respect to personnel monitoring requirements.
- There is (or shall be) personnel monitoring. A Dosimetry Form is completed in Item 21. Include any additional information that is important regarding personnel monitoring.

Personnel monitoring is not needed (state why).

12. Outline the plans for the orientation of assistants, staff, students, or visitors with respect to radiological safety in general.
13. Describe any storage facility(ies) for the radioactive material(s) and outline plans to secure isotope(s) and contaminated waste from use or possession by unauthorized personnel, or to prevent accidental loss.
14. What facilities and protective equipment are available? (Hoods, absorbent paper, labels, tags, shielding, etc.)
15. Describe the precautions that will be taken to test for leakage and/or contamination upon receipt of these materials.
16. What measures will be taken to prevent, detect, and handle a “spill” or “leak”?
17. (For existing AUs only) Provide any information on training or experience not listed on your AU application that is relevant to this RWP.
18. Please provide any other information that might be helpful to the Radiation Safety Officer and the Radiation Safety Committee.
19. Radioactive Materials Information Form

Isotope	Activity	Identifying Information		Half-Life	Radiation Types (α , β , γ , x, n)	Isotope On WKU License?	*Copy of SSDR Attached?
		Manufacturer	Model				

*Note: If your application is for a sealed source, obtain a copy of the Sealed Source and Device Registry certificate from the vendor for the item you are purchasing and attach it to this application.

20. Survey and Monitoring Form

Radiation Survey Meter(s)			
Manufacturer	Meter Model No.	Probe Model No.	Radiation(s) Detected

21. Dosimetry Form

Personal Dosimetry			
Dosimetry Vendor	Dosimeter Type	Radiation(s) Detected	Exchange Frequency

Check here if personal dosimetry is not required

Visitor/Observer Dosimetry		
Manufacturer	Model	Radiation(s) Detected

Check here if visitor/observer dosimetry is not required

RADIATION WORK PERMIT CERTIFICATION AND APPROVAL

I certify that the work performed with the materials requested in this application will be done in accordance with the rules and regulations contained in 902 KAR 100, WKU’s Radioactive Material License, and the WKU Radioactive Material Safety Manual.

Applicant’s Signature: _____ Date: _____

Approved by: _____ Date: _____
 (Radiation Safety Officer)

Approved by: _____ Date: _____
 (Radiation Safety Committee Chair)