

TO: Radiation Safety Officer
Date:
University of California at Berkeley

RE: Application for Radiation User Authorization (RUA) at University of California, Berkeley Facilities

Name of Applicant /	Do you plan to use:
Principal Investigator _____	_ Isotopes
Department _____	_ Machine
Campus Address _____	_ Human Subjects
Telephone (s) _____	_ Animal Subjects
	_ Sealed Sources

Applicant: Please provide detailed information regarding the following items. Use as many pages as necessary. Note: If you checked Human and/or Animal Subjects above, it is also your responsibility to obtain the necessary approvals from the Committee for the Protection of Human Subjects and/or the Animal Care and Use Committee. Please call the RSO at 3-7976 if you have any questions.

1. List names of all persons directly involved with this RUA. Attach a completed Radiation User Information Record form for each person who does not have a current one on file at the EH&S office.

2. List all locations where radioactive materials or radiation producing machines will be used or stored. (Include all community-use rooms used).

3. Provide the following information for each radioisotope requested:

Radionuclide (list all)	Chemical Form (list all)	Physical Form (liquid, solid, etc.)	mCi/Experiment (maximum)	mCi/Vial (maximum)	mCi/Possession (maximum)	mCi/Year (maximum)
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4. Provide the following information for each radiation producing machine used:

Make	Model	Serial #	Description	kVp	mA	Exposure	Time
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5. Describe briefly the scientific purpose of the experiment. Describe in sufficient detail (e.g., flow chart) all activities, manipulations, and procedures using or otherwise involving radiation. If human or animal subjects are to be used in this work, please explain.

6. Point out any unusual hazards of chemicals or procedures used (e.g., volatile, flammable, explosive, toxic, pathogenic, carcinogenic, dry state).

7. Describe all instruments, equipment, facilities, and procedures used for control of radiation and other applicable hazards.

8. Please complete the attached **Radiation Safety Recharge Authorization** form. RUA applications will not be processed without this form.

Please type further comments and/or details to any of the previous questions here:
(If you have more details to a question, please type the number of the question first. Thank you.)

Please attach an organizational chart from your chair person to you & the laboratory protocols you will use with your radioactive materials.

* Return the application indicating desired date of work to the above address.*



University of California, Berkeley
OFFICE OF ENVIRONMENT, HEALTH & SAFETY

Radiation Safety Recharge Authorization

This form authorizes EH&S to recharge the account specified below for Radiation Safety services. To establish your Radiation Safety account, complete this form, obtain an authorized signature, and send the form to:
EH&S, Radiation Safety Team, 317 University Hall, MC 1150, or fax it to (510) 643-7595.

The account will be activated within one working day of receipt, and thereafter debited automatically after Radiation Safety services have been provided. You will be notified by email when your statement is available online for your records. Services are recharged at the rates posted on the website of the Office of the Controller at <http://recharge-fs.vcbf.berkeley.edu/>. Call (510) 642-3073 with any questions about this form or your account.

A. Radiation Use Authorization: List all RUAs to which ALL the recharge information below applies. (Use a separate form for any RUA that differs in any respect, including funding source.)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

B. Recharge contact person:

Name Email Address Telephone(s)

C. Berkeley Financial System (BFS) chart string:

Business Unit (1)	BFS Account (5)	Fund Code (5)	Organizational Code (5)	Program Code (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project I.D. (6) (optional)		FlexField (5) (optional)		
<input type="text"/>		<input type="text"/>		

IMPORTANT: PLEASE CONTACT EH&S IF ANY OF THIS INFORMATION CHANGES.

Applicant/Principal Investigator: _____
PRINT NAME

SIGNATURE (required) DATE