National Institutes of Health
Application for Radionuclide Authorization

Applicant Information	*Name (Last, First, M.I.)*		*DRS Number*	*Job Title*
	Institute/Center	Campus Address *(Building/Room)*		*Campus Phone*

Purpose of Application	☐ New ☐ Re-Authorization	☐ Laboratory ☐ Irradiator

Previous Training in Radiation Safety and/or Nuclear Physics	*NIH (List courses and dates)*
	Other (List type of training, institution, duration, and date)

Non-NIH Experience with Radioactive Material

Nuclide/ Source	Typical Experiment Activity	Maximum Experiment Activity	Institution (Name, Location)	Beginning and Ending Dates (Month/Year)	Type of Use (Brief description of procedures used, such as iodination, sequencing, blotting, etc.)	Clinical Use? (Y/N)

NIH Experience with Radioactive Material

Nuclide/ Source	Typical Experiment Activity	Maximum Experiment Activity	Authorized User (Name, Institute)	Beginning and Ending Dates (Month/Year)	Type of Use (Brief description of procedures used, such as iodination, sequencing, blotting, etc.)	Clinical Use? (Y/N)

Experience with Radiation-Producing Devices (Irradiators, X-ray Units, Electron Microscopes, etc.)	Device	Radiation Source	Institution (Name, City, State) or Custodian (Name, Institute)	Beginning and Ending Dates (Month/Year)	Type of Use (Brief description of procedures used, such as cell irradiation, animal irradiation, etc.)

Authorized User Agreement and Signature

I certify that the statements made on this application are true, complete, and correct to the best of my knowledge. By signing below, I agree to abide by all of the policies and procedures set forth by the NIH Radiation Safety Program, and willingly accept the responsibilities that are required of an Authorized User. These responsibilities include (but are not limited to):

- Ensuring appropriate radiation safety training of all supervised users prior to beginning work with radiation or radioactive material
- Adhering to the NIH policy on the security and storage of radioactive materials and radioactive waste
- Enforcing the prohibition on smoking, eating, and drinking in posted laboratories
- Keeping all radiation exposures **A**s **L**ow **A**s **R**easonably **A**chievable (ALARA) through the prudent use of time, distance, and shielding
- Controlling radioactive contamination through the performance of daily and monthly contamination surveys
- Maintaining radiation safety documentation, such as radioactive material inventory records and laboratory surveys
- Maintaining proper postings in areas where radiation or radioactive materials are used or stored
- Notifying DRS of personnel, laboratory, and programmatic changes in a timely manner

Prior to leaving NIH or otherwise terminating this Authorization, I agree to notify the Div. of Radiation Safety so that the appropriate procedures can be initiated. The NIH Radiation Safety Committee reserves the right to suspend or terminate this Authorization at any time if it is deemed to compromise the principles of the Radiation Safety Program.

Applicant Signature *Date*

For Division of Radiation Safety use Only

Training Verification *Initials* *Date* *HP Assigned* *Exec. Sec. RSC*

☐ RSAU: ☐ RSL: ☐

Status of application:

☐ **Approved** ☐ **Disapproved**

Reason for Disapproval

DRS Approval (RSO Signature) *Date*

RSC Approval (Chairperson Signature) *Date*

PRIVACY ACT STATEMENT. The information requested on this form is essential for the maintenance of records for employees potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Parts 19 and 20, and by U.S. Nuclear Regulatory Commission licenses granted to NIH. The Privacy Act of 1974 protects certain information, and HHS/NIH/ORS 09-25-0166 describes the system of records in which information will be used. Providing your social security number and birth date (if requested) is voluntary, but failure to provide requested information may result in denial of permission to work with or around radioactive materials. Requested information is used to track radiation exposure, usage of radioactive materials, and radiation safety training. The staff of the Division of Radiation Safety will be the primary user of this information. Other routine uses may include disclosure of selected information to new employers, contractors who assist or provide services to the Div. of Radiation Safety , the U.S. Nuclear Regulatory Commission, the U.S. Congress, or if necessary to defend the Government or an employee of DHHS in a legal proceeding.

Please submit this form to:

Division of Radiation Safety
Building 21

Prospective Authorized User Information
Supplement to NIH 465-1

The following information is requested in advance to allow a smooth transition into Authorized User status, in the event your application is reviewed and approved by the NIH Radiation Safety Committee.

Applicant Information	*Name (Last, First, M.I.)*	*DRS Number*

Individual Users to be listed under your Authorization	Name (Last, First)	DRS Number	Job Title

Active Laboratories to be listed under your Authorization	Address (Building/Room)	Lab Usage (Hot lab, storage room, common area, coldroom, counting room, etc.)	Facilities Available (Sinks, fume hoods, biosafety cabinets, etc.)

Types and Quantities of Radioactive Materials that you intend to order	Nuclide	Chemical Form	Maximum Activity per Experiment	Maximum Activity per Order	Type of Use (Iodination, sequencing, blotting, etc.)

Signature	*Applicant Signature*	*Date*