

APPLICATION FOR NON-UCSD INVESTIGATORS
TO USE RADIOISOTOPES ABOARD SIO VESSELS

I. Principal Investigator: _____ Title: _____
Home Institution: _____
Address: _____ Phone: _____
Radiation Safety Officer: _____ Phone: _____

II. Authorization

A statement is required from the investigator's own institutional radiation safety officer or health physicist, or other person charged with responsibility for radioisotope use, which shows that the investigator is authorized to possess and use radioisotopes involved in the proposed work. The names of the individuals to perform the experiments, together with their experience in handling radioisotopes, should be attached.

III. Experimental Protocol

A reasonably detailed protocol of the proposed experiment should be provided. It should specify such details as manipulations involving radioisotopes, planned locations for work, arrangements for isolation and control, the nuclides to be used, amounts per each experiment, forms and concentrations and indicate whether you have any radiation detection equipment.

IV. Logistics Of Radioisotope Usage

- a) Where will you board the vessel? _____
- b) Do you want the radioisotopes forwarded to the UCSD Radiation Safety Officer? YES____ NO____
- c) If not, how do you intend to get the material aboard the vessel? _____

- d) Will you have a GM survey meter? YES____ NO____
- e) What types of radioactive waste (and volumes) do you anticipate generating?
Please describe: _____

- f) Do you need any other supplies for waste, sample packaging or contamination control? YES__NO__
If yes, please specify: _____

V. Training And Experience Of Radioisotopes Users

A Statement of Training and Experience form must be completed by all personnel involved in the project and returned with this application.

VI. The applicant certifies that he/she will comply with the requirements herein or as requested by the Chief Scientist of the cruise and that the information submitted, including any supplements, is true and correct to the best of his/her knowledge and belief.

Principal Investigator: _____ Date: _____

Chief Scientist: _____ Date: _____

APPROVED:

Radiation Safety Officer: _____ Date: _____