**Office of Laboratory Safety**

2300 I Street, NW

Ross Hall, Suite B-05

Washington, DC 20037

 **t.** 202-994-2630 I labsafety@gwu.edu



 Application for New Authorized User of RAM

Please email this form to Greg Smith, gdsmith@gwu.edu

APPLICANT INFORMATION

      /       /       /

Name Department GWID# Email

      /       /       /

Office Bldg. / room Office phone Lab phone Emergency

I. QUALIFICATIONS

Please list any other experience not on the New User Information & Dosimetry Evaluation form to be taken into consideration (i.e. iodination, animal use, expert equipment knowledge, etc.):

II. RADIOACTIVE MATERIAL USE

**Protocols** - Please provide all information for protocols in which RAM is used. EACH PROTOCOL MUST HAVE A PROTOCOL SUBMISSION FORM SUBMITTED and EACH ROOM MUST HAVE A RAD LAB COMMISSIONING FORM SUBMITTED.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protocol short name | Isotope | Chemical form | Limits | Room (s) |
| Per vial (mCi) | On-hand (mCi) | Annual use (mCi) |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Radiation Equipment** - List all equipment used for radiation detection and measurement as well as any equipment that produces ionizing radiation such as sealed sources or x-ray machines. Be sure to list the liquid scintillation counter to be used for analysis of wipe tests from contamination surveys.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of equipment | Manufacturer / model | Serial # | Owner (i.e.: PI, department) | Cal/cert Date | Room (s) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Other Equipment** – Identify all other equipment types used with radiation and how many of each

|  |  |  |  |
| --- | --- | --- | --- |
|  Fridge(s) |  Freezer(s) |  Centrifuge(s) |  Shaker(s) |
|  Microtome(s) |  Fume hood(s) |  Biosafety cab(s) |  Clean bench |
|  Cell harvester(s) |  Freeze dryer(s) |  Autoclave(s) |  Incubator(s) |
| Other:       |

III. Workers

Please list all workers below. EACH WORKER MUST HAVE A NEW USER FORM SUBMITTED.

1.      2.       3.

4.       5.       6.

7.       8.       9.

IV. RSC Approval:

 Chairman, RSC Radiation Safety Officer, GWU

 Member, RSC Member, RSC

 Member, RSC Member, RSC