

| | | |
|--------------------------|----------------|-------------|
| FOR EHS USE ONLY: | | Date: _____ |
| RUA No.: | Hazard Rating: | Expiration: |

Please include requested information in adequate detail. Use full legal names. Attach any additional information as appropriate. Please email the completed signed form and supporting documentation to llopez@fullerton.edu or sign and date a hard copy and send to the EHS office T-1475, via campus mail.

| | |
|---|-------------------|
| 1. GENERAL INFORMATION | |
| Principal Investigator/Supervisor (print): _____ | Department: _____ |
| Office Phone: _____ | Lab Phone: _____ |
| Email Address: _____ | |
| Check one, if applicable: <input type="checkbox"/> I do not plan to use radioisotopes in the coming year. <input type="checkbox"/> There are no changes in my existing RUA. | |

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|---|
| 2. LOCATIONS: |
| List Lab Locations Where Radioactive Materials will be Used/Stored: _____ |
| <input type="checkbox"/> Chemical Fume Hood(s) Available |

| 3. X-RAY EQUIPMENT TO BE USED: If none, check here: <input type="checkbox"/> | | | | | |
|---|----------------|-----------|------------|--------|--------|
| Type of Unit | Equipment Name | Model No. | Serial No. | KV MAX | MA MAX |
| | | | | | |

RADIATION USE AUTHORIZATION (RUA)

4. RADIOACTIVE MATERIALS TO BE USED: If none, check here:

| Radionuclide | Chemical Form | Physical Form (Solid, Liquid, etc.) | mCi per Experiment | mCi Per Order | Total mCi Possession Limit Per Year |
|--------------|---------------|--|-----------------------|---------------|--|
| | | | | | |

5. TYPE OF RESEARCH (check all that apply)

Non-human Use

Human Use

6. DESCRIPTION OF PROPOSED USES OF RADIOACTIVE MATERIALS OR X-RAY EQUIPMENT:

(Description of the process or experiment that the SOP covers. This process may be described in general terms, such as cleaning and purification.)

7. RADIATION PROTECTION PRECAUTIONS TO BE FOLLOWED:

(Give sufficient information about the methods and/or control devices used to prevent accidental or unnecessary exposure of project personnel, and members of the public.)

List Names of Authorized Personnel:

| | |
|-------------------------|-------------------------|
| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |
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| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |
| Last Name, First: _____ | Last Name, First: _____ |

The Principal Investigator/Supervisor is the primary authorized person and is responsible for the supervision of all work permitted by this RUA. All other persons working under the RUA must be made known to and trained by the RSO, which includes being added to the Dosimeter Active User List.

RADIATION USE AUTHORIZATION (RUA)

| 8. PERSONAL PROTECTIVE EQUIPMENT (PPE). Indicate the PPE to be utilized (check all that apply): | |
|---|--|
| BODY PROTECTION | <input type="checkbox"/> Long pants (no cuffs) <input type="checkbox"/> Laboratory coat made of standard materials <input type="checkbox"/> Appropriate street clothing |
| EYE/FACE PROTECTION: | <input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Chemical splash glasses <input type="checkbox"/> Face shield |
| HAND PROTECTION: | <input type="checkbox"/> Latex <input type="checkbox"/> Nitrile <input type="checkbox"/> Neoprene <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____ |
| FOOT PROTECTION: | <input checked="" type="checkbox"/> Closed toe shoes <input checked="" type="checkbox"/> Over-the-shoe booties |
| OTHER: | <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Other: _____ |

**Respiratory protection is generally not required for lab research, provided that appropriate engineering controls are employed. For additional guidance on respiratory protection, consult with EHS at 657-278-7233.*

| 9. AUTHORIZATION: | | | |
|---|-------------------------------------|---|-------------------------------------|
| We certify that all work will be as described and will be performed in accordance with the precautions listed, and will provide indicated procedures and specific training to students, faculty, and staff. | | We approve the radiation use as described subject to the precautions listed. The Radiation Safety Officer will provide basic Radiation Safety training for all personnel. | |
| Principal Investigator/Supervisor: | _____ | RAD Safety Officer: | _____ |
| | Signature Date | | Signature Date |
| Department Chair: | _____ | RSC Chair: | _____ |
| | Signature Date | | Signature Date |

| 10. RADIATION MONITORING INSTRUMENTS TO BE USED: (for EHS USE ONLY) | |
|---|-----------------------------------|
| Portable Survey Meters for Direct Monitoring | Counting Equipment for Wipe Tests |
| | |