Application for a
Controlled Radiation Authorization (CRA)

Instructions: Please complete this form and the other forms requested throughout this form. If a form does not provide enough room for your response, make a pen-and-ink annotation on the printout. Print everything out, sign all the forms, add the protocols (they can be typewritten or copied from a textbook) and fax the package to Health Physics at 723-0632. Keep the originals for filing in your Radioisotope Journal.

See *Radiation Safety Manual 1997*, Part III for more information. If you have a question, call 723-3202.

People

Provide information about the Principal Investigator.

LAST NAME	FIRST NAME	MI	CRA

DEPARTMENT	E-MAIL	MAIL CODE	PHONE	FAX

Provide information about the Health Physics Contact.

LAST NAME	FIRST NAME	MI	CRA

DEPARTMENT	E-MAIL	MAIL CODE	PHONE	FAX

List each individual who will be working with ionizing radiation. Each individual who is new to Stanford should complete a "Statement of Training and Experience" see the link

LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
LAST NAME	FIRST NAME

Protocols and Inventory

For each protocol, provide a distinct title, radionuclide, and microcuries per run. Also, please complete a "Worksheet for Radiochemical Protocols" for each radiochemical protocol. Be sure the protocol titles match exactly.
see the link

PROTOCOL TITLE	NUCLIDE	MICROCURIES
PROTOCOL TITLE	NUCLIDE	MICROCURIES
PROTOCOL TITLE	NUCLIDE	MICROCURIES

ANIMALS ☑ None ☑ Applied for animal committee approval on ___ /__ /__

SPECIES	NUMBER	GRAMS EACH	µCI ADMIN'D	µCI AT EUTH	EUTH	CAGESCLND	µCI IN URINE	µCI IN SCAT
					☐ Ether	☐ CRA staff	48 HRS: 21,212	48 HRS:12,121
					☐	☐ VSC	7 DAYS: 12,121	7 DAYS:21,212

Provide the largest vial activity you will order and your maximum on-hand inventory.

Nuclide	Vial µCi	Max µCi
Nuclide	Vial µCi	Max µCi

Nuclide	Vial µCi	Max µCi
Nuclide	Vial µCi	Max µCi

Nuclide	Vial µCi	Max µCi
Nuclide	Vial µCi	Max µCi

Laboratory Safety

☐ We will adhere to the standard work rules in Table I.3 of *Radiation Safety Manual 1997*, p I.28.

or

☐ Our Standard Work Rules are attached.

Waste

Characterize your waste stream. Generation of mixed radioactive and hazardous chemical waste must be approved by the LCC before it is generated. All chemical materials are considered hazardous unless specifically tested or otherwise reviewed against specific criteria. If you must generate mixed waste, explain why the waste must be generated. Describe alternative research methods that have been explored, and explain why they are not suitable for this project.
Materials that are readily soluble in water or readily dispersible biological material, may be disposed of into the sanitary sewer provided that: 1. The chemical or biological content is not prohibited for sewer disposal; 2. The quantity per laboratory, per day, does not exceed the LAS quantity. Disposal of larger quantities of radioactive wastes via the sewer must be reviewed and have the written approval of Health Physics; and 3. The LAS for the radionuclide is more than 1 microcurie.

☐ We will not be generating any mixed waste.
☐ We must generate mixed waste. See an attachment for discussion.
☐ We will generate aqueous waste that will be discarded in the sanitary sewer.

Instruments and equipment

List instruments that are available. Each project must have suitable detection and measurement instrumentation; sharing is permitted. Consult with Health Physics if you need assistance.

Manufacturer	Model Number	Serial Number	Type*	Room
			☐ PGM ☐ LSC ☐ NaI ☐ Other	
			☐ PGM ☐ LSC ☐ NaI ☐ Other	
			☐ PGM ☐ LSC ☐ NaI ☐ Other	
			☐ PGM ☐ LSC ☐ NaI ☐ Other	

*PGM is Pancake Geiger Mueller; LSC is Liquid Scintillation Counter; NaI is Sodium Iodide.

What safety equipment and supplies will be used? ☐gloves ☐lab coats ☐absorbent paper on countertops ☐splash shield ☐beta shield ☐tray ☐remote handling tools ☐lead bricks

Funding

Provide the account number that funds the project. This is needed for statistical purposes; Health Physics does not debit accounts. _ - _ _ _ - _ _ _

Facilities

Identify the rooms you will be using and characterize the type of use. For each room attach a sketch on a User Radiation Survey Report that shows radiation work areas, clean desk areas, fume hoods, centrifuges, refrigerators, etc. see the link

Building	Room	Use
		Deliver my radioactive packages to this room
		☐Work ☐Storage only ☐Waste only ☐Other
		☐Work ☐Storage ☐Waste only ☐Other
		☐Work ☐Storage ☐Waste only ☐Other

Concurrent review

If applicable, confirm that the project has also been submitted for biohazards and animal care review. A project cannot begin until all committees with jurisdiction have approved it.

Have you attached:

☐Training forms for people who are new to Stanford
☐Protocol Worksheets and protocols
☐Room sketches

PI Signature _____ Date _____