**Research Permit Application
HS-COF-0048**

Information

Individual proposing to complete research at the SCCS.

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| Name of Applicant (Print) |
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| Department/Organization |
|  |
| Email Address |
|  |
| Phone Number |
|  |
| NSID |
|  |
| Description of PI/Supervisor’s prior experience working with open source radioactivity (e.g. quantities, isotopes, protocols). |
| 🞎 None |

Research Purpose

Provide “big picture”/lay abstract/non-confidential description of research including the primary objectives.

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| **Abstract** |
|  |

Radioisotope(s)

Select the unsealed nuclear substance(s) required for experiment(s).

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| **Radioisotope** |  | **Radioisotope** |
|  C-11 |  |  Tc-99m |
|  N-13 |  |  In-111 |
|  F-18 |  |  I-131 |
|  Cu-64 |  |  Lu-177 |
|  Cu-67 |  |  Other |
|  Ga-68 |  |  Other |

Experimental Procedure(s)

Select the general procedures performed at the SCCS. These procedures may include multiple projects. Complete the HS-COF-0048 form for each project.

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| **General Procedures** |
|  - Radiochemistry  |
|  - Radiolabelling |
|  - In vitro evaluation of radiopharmaceutical |
|  - Pharmacokinetic study |
|  - SPECT/CT/PET imaging (animal) |
|  - Tissue toxicity study |
|  - Targeted radiotherapy study |
|  - Biodistribution |
|  - Plant metabolite studies  |
|  - BioPET imaging (plant) |
|  - Other (describe)  |
|  - Other (describe)  |

Nuclear Energy Workers

List the name(s) of all individual(s) working at the SCCS. SCCS will maintain records that are essential to work at the SCCS (e.g. site orientation, radiation training, NEW Designation, dosimetry request form, etc.). SCCS will also provide and maintain site-specific training (e.g. use of radiation meters, performing area wipe(s)/contamination checking, etc.).

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| --- | --- | --- |
| **First Name** | **Last Name** | **NSID** |
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Applicant’s Obligations

I understand that my submitting of this form does not guarantee approval to commence work at the SCCS, and that I must be granted permission before work can begin. By signing below, I acknowledge that I am responsible for ensuring that my staff and I follow the listed obligations.

1. **Hazardous Substances**: Introduction of hazardous substances (e.g. biohazardous, chemical, radionuclides) beyond those listed shall be approved by SCCS staff prior to entering the facility.
2. **Handling of Hazardous Substances**: Hazardous substances shall be handled in a safe and responsible manner.
3. **Room Restrictions**: Hazardous substances may only be used or stored in the rooms listed on the application.
4. **Experiment Restrictions**: Only experiments approved on HS-COF-00xx may be performed. Any new protocols must be approved by SCCS before commencing. Report any deviations from the experiment to the SCO or Subject Matter Expert.
5. **Radionuclide Limits**: Only radionuclides in the amounts no greater than those listed on the application may be used in experiments.
6. **Training**: All persons handling radionuclides shall have up-to-date radiation safety training. The Permit Holder shall ensure all authorized users have required supplemental training up-to-date (e.g. lab safety, WHMIS, Biosafety, etc.).
7. **Radiation Dosimetry**: Whole-body dosimeters (TLDs) shall be worn when handling nuclear substances. Extremity dosimeters shall be worn by persons handling radionuclides of activity more than 50 MBq.
8. **Contamination/Survey Meters**: Properly functioning portable contamination/survey meter shall be available for use. Training on use shall be provided by SCCS staff. No outside meters allowed.
9. **Hazardous Waste Disposal**: All hazardous waste shall be collected and stored in accordance with the information provided during the SCCS Site Orientation and disposal shall be facilitated by SCCS staff.
10. **Incidents:** Inform the SCO or Subject Matter Expert of any incidents (e.g. spills, personal contamination, equipment malfunction, loss of radioactive substance) and complete the applicable form(s), when requested.
11. **SCCS Non-Compliance Policy:** I have read and understand the procedures of this policy.

The Facility Manager reserves the right to revoke an application at any time in accordance with the SCCS Non-Compliance Policy. The Facility Manager may also revoke an application due to other reasons (e.g. funding, space requirements, etc.) in consultation with the Application Holder.

I attest that the information in this application is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approvals

**Application #:**

Reviewed by:

SCCS Subject Matter Expert

 Date

Safety and Compliance Officer

Debbie Frattinger Date

Approved by:

Facility Manager

Dale Schick-Martin Date