

**UNIVERSITY OF MINNESOTA  
RADIATION PROTECTION DIVISION**

**PERMIT AMENDMENT FORM**

This form must be submitted to the Radiation Protection Division (RPD) if you would like to add an isotope, increase a possession limit, or add a protocol to an existing radioactive materials use permit. Send the completed form to the RPD at W-140 Boynton Health Service, 410 Church St. SE, Minneapolis, MN 55455.

Permit Holder: \_\_\_\_\_ Department: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Location: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Lab Phone: \_\_\_\_\_

List all locations where radioisotope(s) will be used or stored: \_\_\_\_\_

**RADIOISOTOPES**

**MAXIMUM POSSESSION LIMIT\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* *Maximum Possession Limit* is the maximum quantity of the radioisotope you may have *on hand* at any time; it is the sum quantity of the radioisotope in storage, in use and in waste.

No.	Protocol title	Waste distribution (as percentages)						Stock vial
		Solid	Liquid aqueous	Liquid flammable	Scintillation vials aqueous	Scintillation vials solvent	Animal	
1								
2								
3								

**On a separate sheet of paper**, describe the handling, use and disposal of the radioisotopes for each protocol listed in. Include in this description the radiolabeled compounds used, any chemicals added or dilutions performed, and the volumes and types of radioactive wastes generated. If any special hazards (e.g., toxicity, carcinogenicity, volatility, etc.) apply to the protocol, please discuss the inactivation or neutralization of the applicable hazards and/or discuss the management and control of potentially contaminated animal by-products (excretions, bedding, etc.) or field use by-products (air release, run-off, etc.). Also describe the precautions, safe handling procedures and equipment that will be used to reduce exposure to the ionizing radiation.

These descriptions must be type written.

*“To the best of my knowledge, this application is complete and accurate. All individuals who will work under this permit have been properly trained in the use and handling of radioactive materials.”*

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>RPD use only</b>	
<b>Health Physicist:</b> _____	<b>Date:</b> _____
<b>AURPAC Chair:</b> _____	<b>Date:</b> _____