

WORKSHEET FOR RADIOCHEMICAL PROTOCOLS

Instructions: Please complete a separate worksheet for each radiochemical protocol. The purpose of the worksheet is to identify hazardous or regulated chemicals, operations, and waste streams that might pose safety problems or unanticipated costs. Attach an abstract or copy of the protocol. If this is an amendment to an existing CRA, you may fax this completed form and that attachment to Health Physics at 723-0632.

PI LAST NAME	FIRST NAME	MI	CRA NUMBER
DEPARTMENT	E-MAIL	MAIL CODE	PHONE
FAX			

NUCLIDE	LAS μ CI	μ CI PER EXPT	μ CI IN VIAL*	CHEMICAL FORM	VOLATILE <input type="checkbox"/> Yes <input type="checkbox"/> No	PHYSICAL FORM <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas
---------	--------------	-------------------	-------------------	---------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

*At Stanford, if >100 LAS, vial must be locked. At VAPAHCs, all vials must be locked.

PROTOCOL TITLE

SIMPLE HANDLING

Weighing Pipetting Type _____ μ L's mL's

PROCESSING THAT MIGHT GENERATE MIST, VAPOR, OR SPILL

Heating to _____ °C Open flame heating Stirring Vortex mixing for minutes hours
 Centrifuging for minutes hours Chromatography _____

IDENTIFY ADDED HAZARDS None

Flammable solvent Toxic Corrosive Reactive Pathogen _____

ANIMALS None Applied for animal committee approved on _____ -- _____ -- _____

SPECIES	NUMBER	GRAMS EACH	μ CI ADMIN'D	μ CI AT EUTH	EUTH <input type="checkbox"/> Ether <input type="checkbox"/> _____	CAGES CLND <input type="checkbox"/> CRA staff <input type="checkbox"/> VSC	μ CI IN URINE 48 HRS: _____ 7 DAYS: _____	μ CI IN SCAT 48 HRS: _____ 7 DAYS: _____

Where will animals be housed; who will care for them: _____

Where will carcasses and excreta be disposed: _____

PROTECTIVE ITEMS THAT WILL BE USED

Shielding type _____ Interlab transport container _____
 Fume hood in room _____ Splash shield Dosimetry badges Rings
 Survey meter GM Ionization Nal(Tl) _____

RADIOACTIVE WASTE GENERATION

Liquid Scintillation Cocktail trade name _____
 Dry cubic feet per month _____ Sharps Liters per month for solidification _____

MIXED WASTE GENERATION None Mark on an attachment, all reagents that are not on the "Non-hazardous Waste List" at <http://www.stanford.edu/dept/EHS/prod/enviro/waste/nohaz.html>

PI Signature

Date

No follow-up needed _____

Signature

Date