

REQUEST FOR ISOTOPE USAGE ON SIO VESSELS

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO THE SHIP SCHEDULING OFFICE, 0210 SCRIPPS INSTITUTION OF OCEANOGRAPHY, UNIVERSITY OF CALIFORNIA, SAN DIEGO, LA JOLLA, CA 92093

Chief Scientist: _____ (type or print)
I (we) request permission to use the following radioisotopes (or stable isotopes) aboard the
R/V _____ during cruise _____, from _____ to
_____, 20____. The Cruise area is: _____

AMOUNT (mCi) AMOUNT (mCi)
RADIOISOTOPE ON CRUISE PER EXPER CHEMICAL FORM(S)

- 1. _____
2. _____
3. _____

UCSD Principal Investigator: _____

Radiation Use Authorization # _____ Expiration Date: _____

*Other Principal Investigator: _____ Institution: _____

Other Users:

- 1) _____ Title _____ Affiliation _____
2) _____ Title _____ Affiliation _____
3) _____ Title _____ Affiliation _____
4) _____ Title _____ Affiliation _____
5) _____ Title _____ Affiliation _____

* Non-UCSD investigators must complete next page, APPLICATION FOR NON-UCSD INVESTIGATORS.

It is understood that all users have proper training in handling isotopes and experience with isotopic work at sea, or will be under the direct supervision of someone who has that experience. All the necessary precautions for handling and disposing of radioactive wastes shall be followed. Disposal at sea of liquid waste resulting from "in-process losses" is permissible (in California waters only), provided the radioactive material so discharged does not exceed the appropriate limits specified in 17CAC, Appendix A, Table II, Column 2.

It is further understood that all isotope work will be confined to an isotope van. Special permission from the Isotope Usage Panel is required for isotope usage in the ship's laboratories or elsewhere on the ship. Unreported spills or other release of radioactivity may result in revocation of users' privileges to use isotopes on SIO vessels.

The isotope user is assumed by the signature below to accept responsibility for the cleanup of any spills made during the use of the isotopes onboard SIO vessels.

Certification Statement

Chief Scientist: _____ Date: _____
signature

Principal Investigator: _____ Date: _____
signature

Approved:
Isotope Usage Panel, Chair: _____ Date: _____

UCSD Radiation Safety Officer: _____ Date: _____

Associate Director, SIO: _____ Date: _____