NIST-364
(REV. 8-91)
ADMAN 12.03

U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

PROPOSAL TO ACQUIRE A RADIATION SOURCE

INSTRUCTIONS: SEND ORIGINAL OF FORM NIST-364 TO HEALTH PHYSICS. IF PURCHASE, ATTACH FORM CD-435, PROCUREMENT REQUEST. HEALTH PHYSICS WILL FORWARD FORM CD-435 TO PROCUREMENT. AFTER REVIEW, ONE COPY OF FORM NIST-364 WILL BE RETURNED TO THE REQUESTING DIVISION.

ACQUISITION PROPOSED BY	SUPPLIER

METHOD OF ACQUISITION

☐ PURCHASE ☐ CALIBRATION ☐ GIFT ☐ LOAN ☐ IRRADIATION ☐ TRANSFER FROM WITHIN NIST ☐ RETURN TO NIST

☐ OTHER _____ R. S. NUMBER (IF NIST TRANSFER OR RETURN) _____

USER'S DESCRIPTION OF SOURCE

RADIONUCLIDE AND ASSOCIATED NUCLIDES			
AMOUNT/ACTIVITY (Ci, g, Bq)			
CHEMICAL FORM			

PHYSICAL FORM

☐ SOLID ☐ LIQUID ☐ GAS ☐ POWDER ☐ FOIL ☐ OTHER _____

CONTAINMENT

☐ ENCAPSULATED ☐ PLATED ☐ SPECIAL FORM ☐ BARE MATERIAL (I. E., METAL) ☐ GLASS VIAL/AMPOULE ☐ PLASTIC VIAL/BOTTLE ☐ BOTTLE/ FLASK ☐ METAL CONTAINER

CUSTODIAN	USE AND/OR STORAGE LOCATION (BUILDING AND ROOM)
USERS	

SOURCE USE (DESCRIBE IN DETAIL)

RADIATION SAFETY PRECAUTIONS (SEE REVERSE FOR SUGGESTED CONSIDERATIONS)

PROPOSAL APPROVAL (DIVISION CHIEF OR AUTHORIZED REPRESENTATIVE) (SIGNATURE)	DIVISION	DATE

SOURCE CLASSIFICATION

R. S. NUMBER (RADIOACTIVE SOURCE NUMBER)

LICENSE FORM ☐ ANY ☐ SEALED ☐ NI* ☐ IRRADIATOR

COMPUTER ENTRY

RADIATION ☐ NEUTRON ☐ GAMMA ☐ X-RAY ☐ BETA ☐ ALPHA ☐ SOURCE ORDERED ☐ SOURCE RECEIVED

* NEUTRON IRRADIATED

HEALTH PHYSICS APPROVAL (SIGNATURE)	DATE
TRANSFERRED FROM HEALTH PHYSICS (RECIPIENT'S SIGNATURE)	DATE

HEALTH PHYSICS RECEIPT DATA

DATE SOURCE RECEIVED	RADIONUCLIDE AND ACTIVITY RECEIVED

PACKAGE MARKING/LABELING

1. ☐ INDUSTRIAL ☐ TYPE A ☐ TYPE B (QUALITY ASSURANCE MANAGER NOTIFIED)
2. ☐ LIMITED QUANTITY, UN2910 ☐ N. O. S. UN2982 ☐ SPECIAL FORM, UN2974 ☐ OTHER (SPECIFY) _____
3. ☐ NO LABEL ☐ I-WHITE ☐ II-YELLOW ☐ III-YELLOW

T. I. _____ T. I. _____

SURVEY DATA

	MREM/HR
CONTACT**	
AT 1 METER**	

SURVEY INSTRUMENT _____

SERIAL NUMBER _____

	NET DPM/100 CM^2 ALPHA	BETA
SHIPPING CONTAINER**		
PACKING MATERIAL		
SOURCE CONTAINER		
LEAK TEST*		
OTHER _____		
_____		
_____		

*REQUIRED IF A SEALED SOURCE **MINIMUM RECIEPT SURVEY DATA

EXTERIOR OF SHIPMENT CONTAMINATED	INCORRECT MARKING OR LABELING OF PACKAGE	SURFACE > 200 MREM/HR OR T. I. > 10 MREM/HR
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

NOTIFY THE SUPERVISORY HEALTH PHYSICIST IF THE DELIVERED ACTIVITY IS GREATER THAN THE APPROVAL AMOUNT OR IF YES IS INDICATED ABOVE.
IF A SNM TRANSACTION 741 FORM ACCOMPANIED THE SOURCE, THEN RECORD THE TRANSACTION IDENTIFICATION NUMBER HERE. _____

SURVEYOR(S) SIGNATURE	SURVEY DATE(S)

HEALTH PHYSICS REVIEW

SAFETY PROCEDURE/HAZARD ANALYSIS CONSIDERATIONS

- PERSONAL PROTECTIVE MEASURES/TECHNIQUES
  - REMOTE HANDLING TOOLS
  - GLOVES
  - CONTAMINATION LAB COAT/APRON
  - FACE SHIELD
- SPECIAL MONITORING
  - PROJECTED RADIATION LEVELS
  - POTENTIAL AIRBORNE LEVELS
  - DOSIMETRY REQUIREMENTS (W. B., EXTREMITY)
  - AIR SAMPLING
- WASTE DISPOSAL REQUIREMENTS
- EMERGENCY PROCEDURES
- RADIATION SAFETY COMMITTEE REVIEW NECESSARY

SAFETY PROCEDURE/HAZARDS ANALYSIS CHECKLIST

- SPECIAL/SPECIFIC ADMINISTRATIVE PROCEDURES
  - SPECIAL TRAINING
  - SPECIFIC ACCESS CONTROLS
- FACILITY REQUIREMENTS
  - POSTING
  - ONE PASS ROOM VENTILATION
  - HOOD OR GLOVE BOX
  - SPILL CONTAINMENT TRAY
  - DISPOSABLE/ABSORBENT SURFACES
  - EASILY DECONTAMINATABLE SURFACES
  - SHIELDING