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| **Ionizing Radiation Risk Assessment** |
| 1. **Reason for Ionizing Radiation.** Please list why you are using ionising radiation, and why no substitute is possible.
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| 1. **Procedures to be carried out**
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| 1. **Radionuclides being used**
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| Radionuclide | Typical activity (MBq)  | Typical number of procedures per month | Duration of work (days / weeks / months / years) |
| ordered | per procedure |
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| 1. **Please tick the relevant control measures that will be used**
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| Non-radioactive alternatives |[ ]  Lab coat |[ ]
| Less radioactive alternatives |[ ]  Gloves |[ ]
| Lead Shielding (γ emitters) |[ ]  Safety glasses |[ ]
| Perspex shielding (β emitters) |[ ]   |  |
| Security measures |[ ]  *To minimise contamination* |
| Fume cabinet |[ ]  Segregation from other work |[ ]
| Remote handling tools  |[ ]  Work trays |[ ]
| Procedures / systems of work / local rules |[ ]  Benchcote |[ ]
| Please provide any other relevant experimental details |
|  | Yes | No |
| Will aerosols be produced? |[ ] [ ]
| Will volatile substances be used or produced? |[ ] [ ]
| Will experimental animals be involved? |[ ] [ ]

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| 1. **Please provide any other relevant experimental details, including who might be at risk**
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| **It is agreed that application of the control measures specified will provide adequate management of the identified risks.** |
| **Name of assessor:****Signature:** | **Date:**  |
| **Name of co-signatory:** (Local Supervisor / Cambridge Supervisor/ Laboratory Manager)**Signature:** | **Date:**  |
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