

APPLICATION FOR RADIOISOTOPES OR ADDITIONAL QUANTITIES

1. Applicant Information

Name: _____

Department: _____

Office Room Number: _____ Lab Room Number: _____

Telephone Number: _____

2. Check below as appropriate

This is an application to possess new isotopes not previously authorized.

This is an application to possess additional quantities of isotopes exceeding my authorized possession limit.

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3. Isotope(s)	Max quantities on hand at one time	Location of Use (Building and Room)
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4. Explain fully below the use of each radioisotope (use reverse side if needed).

Date _____ Signed _____

Temporary Approval Date: _____ Temporary Authorization Number: _____

Radiation Control Committee

Approval Date: _____ Authorization Number: _____