

ARE OTHER PERSONNEL WORKING IN THIS FACILITY APPROVED RADIOISOTOPE WORKERS? _____

AREA ALSO USED FOR STUDY/OFFICE AREA FOR RESEARCH PERSONNEL? _____

LIST MONITORING DEVICES LOCATED IN THIS FACILITY: (MAKE, MODEL, TYPE, RANGE)

LIST SPECIAL HANDLING FACILITIES: (SHIELDING, GLOVE BOXES, ETC.)

RESPONSIBLE INVESTIGATOR IN CHARGE OF LABORATORY: _____

DATE SUBMITTED: _____

APPROVED (RADIATION SAFETY OFFICER): _____

DATE: _____

APPROVED (RADIATION CONTROL COMMITTEE): _____

DATE: _____

RCC Form # 4