

Application for Certification of Laboratory for Use of Radioactive Materials

<i>Office Use Only</i>	
Amendment #	_____
Permit #	_____

Laboratory Building/Room _____

Principal Investigator _____

Lab Phone _____

Types of use in this lab (check all that apply)

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Animal Room | <input type="checkbox"/> Counting Room | <input type="checkbox"/> Equipment Room | <input type="checkbox"/> Sealed Source | <input type="checkbox"/> Tissue Culture |
| <input type="checkbox"/> Animal Surgery | <input type="checkbox"/> Darkroom | <input type="checkbox"/> Hot Lab | <input type="checkbox"/> Standard Lab | <input type="checkbox"/> Waste Storage |
| <input type="checkbox"/> Cold Room | <input type="checkbox"/> Decay in Storage | <input type="checkbox"/> RAM Storage | <input type="checkbox"/> Storage | <input type="checkbox"/> Wet Chemistry |
| <input type="checkbox"/> Other _____ | | | | |

Special Equipment

- | | | | | |
|--|---|---|--|---------------------------------|
| <input type="checkbox"/> RAM Fume Hood | <input type="checkbox"/> Radioiodine Fume Hood Insert | <input type="checkbox"/> RAM Refrigerator/Freezer | <input type="checkbox"/> Acrylic Glass | <input type="checkbox"/> LSC/GC |
| <input type="checkbox"/> Biosafety Cabinet | <input type="checkbox"/> RAM Sink | <input type="checkbox"/> Lead Shielding | <input type="checkbox"/> X-ray/CT/PET | <input type="checkbox"/> Lasers |
| <input type="checkbox"/> Other _____ | | | | |

Special Facilities

- | | | | | |
|--|-----------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> Controlled Access | <input type="checkbox"/> Vivarium | <input type="checkbox"/> BSL2 | <input type="checkbox"/> BSL3 | <input type="checkbox"/> Irradiator/Accelerator |
| <input type="checkbox"/> Other _____ | | | | |

Description of RAM Use

Include nuclides, activities, chemical and physical forms, and any other pertinent information.

The information on this form has been verified by inspection by UW Radiation Safety. The work described is compatible with the space and facilities of this laboratory. The space described is hereby registered for radiation use.

Reviewer, Radiation Safety

Date

Survey Rating