

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.