

List the make, model, and location of all Radiation Counters and Survey Instruments available for use:

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List all Rooms in which Radioactive Materials will be used or stored. Identify what radionuclide operations will occur in each room:

Building	Room Number	Operations to be Performed in Room

List all Radionuclide Protocols to be performed under the Permit. Attach detailed protocols which fully describe the use of radioactive materials.

Certification:

I certify that I have read and shall comply with N.R.C. and University regulations pursuant to the use of radioactive material. I shall also comply with the special conditions listed below. I agree to notify the Department of Occupational Health and Safety two weeks before any change in personnel or proposed use of radioisotopes.

I also agree to consult with the Department of Occupational Health and Safety before applying for any research grant that involves the use of radioactive materials if the intended use of radioactive materials is of a special or unusual nature. Some examples are- - the use of radioisotopes in live animals or humans, the use of sealed radiation sources, the use of radionuclides with atomic number greater than 83, the use of greater than 25mCi in a single experiment, the use of radioactive material outside the confines of a University laboratory.

Signature of Applicant

Date

SPECIAL CONDITIONS OF THE PERMIT

This Permit has been approved with the following special conditions:

Conditional Approval has been granted by the Radiation Safety Officer and Radiation Safety Chair.

Radiation Safety Officer/Date

Final Approval has been granted by the Radiation Safety Committee.

Radiation Safety Officer/Date

This Permit will expire on _____.

RSO-3 form
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