**Application for Authorizing an Area / Room for Use of Licensed material**

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| Building: |  | Room Number: |  |

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| Applicant's Name: |  | | | | | Phone | |  |
|  | | |  |  | | | | |
| Authorized User's Name: | |  | | | Depart. | |  | |

**Licensed Material to be Used in the Area / Room**

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| **Isotope** | **Physical**  **Form** | **Maximum**  **Quantity ( mCi )** | **Hazards Associated with Use of the Material, ie., volatile, flammable, etc.** |
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| **Provide a list of Special Procedures, Policies, or Controls that will be implemented while using the licensed material. (Copies must be provided as an attachment to this application)** | | |
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| **Provide a detailed description of all the special controls implemented to maintain exposure ALARA and to prevent the spread of contamination.** | | | | | |
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| **Licensed Material Storage and Waste Containers, Shielding, and Spill Protection** | | | | | |
| **Isotope** | | **Storage Container(s)** | **Waste Container(s)** | **Shielding** | **Spill Protection** |
|  | |  | **Stanard** | **Lucite** | **Standard** |
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| **Radiation Detection Instruments and Airborne Control:** | | | | | | | | | | | |
| Make |  | | | Model | |  | | Range | |  | |
| Make |  | | | Model | |  | | Range | |  | |
| Make |  | | | Model | |  | | Range | |  | |
|  | | | | | | | | |  | | |
| Fume Hood No. | | N/A | | | CFM | | N/A | | Volatile Material Used | |  |
| Manufacturer | |  | | | | | | | | | |
|  | | | | | | | | |  | | |
| Other Controls: | |  |  | | | | | | | | |
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| **Attach a diagram of the building floor or level, the room, and area. Include the following:** | | | | | | |
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|  | Primary Work Area Designated | |  | Desks and furniture |  | Wipe test locations |
|  | Refrigerators / Freezers | |  | Counters and benches |  | Radiation Detector |
|  | Fume hoods | |  | Sinks |  | Emergency equipment |
|  | Incubators | |  | Trash receptacles |  | Telephone |
|  | Centrifuges | |  | Other equipment that could be |  | Spill Kit |
|  | Storage container | |  | contaminated |  |  |

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| **Submitted by:** | | |  | | |  | |  | |  | | |  |
|  | | | Print | | |  | | Signature | |  | | | Date |
|  | | |  | | | | |  | |  | | |  |
| **Dean/Chair:** | | |  | | |  | |  | |  | | |  |
|  | | | Print | | |  | | Signature | |  | | | Date |
|  | | |  | | | | |  | | | | | |
|  | | | | **Approved** | | | **Disapproved** | |  | | | | |
|  | | | |  | | |  | |  | | | | |
| **Radiation Safety Officer:** | | | | |  | | | | | |  |  | |
|  | |  | | | Signature | | | | | |  | Date | |
| Comments**:** |  | | | | | | | | | | | |
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