**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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