



**UNIVERSITY OF SOUTHERN CALIFORNIA
RADIATION PROTECTION**

RADIOACTIVE MATERIALS LABORATORY REGISTRATION FORM

Instructions: Complete this form for each laboratory where radioactive materials are used or stored.		
Permit Holder:		Permit Number:
Building:		Room:
Telephone Number:		
Facility Type		Special Facilities
<input type="checkbox"/>	Standard lab	<input type="checkbox"/> Fume Hood 1 Last Calibration:
<input type="checkbox"/>	Counting Room	<input type="checkbox"/> Fume Hood 2 Last Calibration:
<input type="checkbox"/>	Waste Storage	<input type="checkbox"/> Fume Hood 3 Last Calibration:
<input type="checkbox"/>	Cold Room	<input type="checkbox"/> Glove Box Last Calibration:
<input type="checkbox"/>	Animal Housing	<input type="checkbox"/> Special Shielding
<input type="checkbox"/>	Dark Room	<input type="checkbox"/> Special Handling Tools
<input type="checkbox"/>	Other:	<input type="checkbox"/> Other:
Special Use		
<input type="checkbox"/>	Radioiodination	
<input type="checkbox"/>	Greater than 10 mCi used per procedure	
<input type="checkbox"/>	Other:	
Waste Disposal (estimate quantity disposed per week)		
<input type="checkbox"/>	No Waste Disposal	
<input type="checkbox"/>	Dry/Solid Waste	Containers:
<input type="checkbox"/>	Aqueous Liquid	Gallons:
<input type="checkbox"/>	Scintillation Vials	Containers:
<input type="checkbox"/>	Animal Carcasses	Types and Numbers:
<input type="checkbox"/>	Non-Aqueous Liquid	Gallons:
<input type="checkbox"/>	Other:	Containers:
Security Procedures		