

Use Locations (Complete Laboratory Registration Form and attach a diagram showing storage and use locations)

Building	Room	Describe Security Measures

Attachments

<input type="checkbox"/>	Training and Experience Form
<input type="checkbox"/>	Radiation Instrument Registration Form
<input type="checkbox"/>	Radioactive Materials Laboratory Registration Form
<input type="checkbox"/>	Rules for Safe Use of Radioactive Materials
<input type="checkbox"/>	Emergency Procedures
<input type="checkbox"/>	Area Contamination Survey Procedures
<input type="checkbox"/>	Waste Disposal Procedures

Permit Holder's Assurance

I confirm that all persons conducting this work have been adequately trained in good laboratory practice; have received instruction on the specific hazards associated with the work and are aware of the specific safety equipment, practices, and behaviors required during the course of the work and use of these facilities.

I will report to the Radiation Safety Officer immediately any spill of radioactive material, any equipment or facility failure (e.g., ventilation failure), and /or any breakdown in procedure that could result in unexpected radiation exposure of laboratory personnel and /or the public.

I confirm that any proposed changes to my work that deviate from the information provided in this application, including all attachments, will be reported to the Radiation Safety Committee before the change is implemented.

I certify that the information provided within this application is accurate to the best of my knowledge. I also understand that, should I use the project described in this application as a basis for a funding proposal (either intramural or extramural), it is my responsibility to ensure that the description of the work in the funding proposal is identical in principle to that contained in this application.

I confirm that all persons conducting this work will comply with all environmental laws and regulations and that this project does not significantly impact the environment.

Permit Holder's Signature:	Date:
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