

6. **Major Steps in Processing and Handling the Radioisotopes:**
(include protocol)

7. **Indicate any Unusual Hazards Associated with Radioactivity for this Research Project:**

8. **Indicate the Radioactive Waste Anticipated to be Generated from this Research:**

- | | |
|--|--|
| <input type="checkbox"/> Dry-Solid | <input type="checkbox"/> Radioactive Sharps |
| <input type="checkbox"/> Aqueous Liquid | <input type="checkbox"/> Liquid Scintillation Fluid in Vials |
| <input type="checkbox"/> Organic Liquids | <input type="checkbox"/> Liquid Scintillation Fluid in Bulk |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Powders |
| <input type="checkbox"/> Gases | <input type="checkbox"/> Other |

9. **Will you be using either of the following?**

- | | |
|--|--|
| <input type="checkbox"/> Uranium Compounds | <input type="checkbox"/> Thorium Compounds |
|--|--|

10. **Please Indicate which, if any, of the following devices will be utilized in conjunction with radioactivity:**

- | | |
|--|--|
| <input type="checkbox"/> Open Lab Bench | <input type="checkbox"/> Fume Hood |
| <input type="checkbox"/> Biological Safety Cabinet | <input type="checkbox"/> Glove Box |
| <input type="checkbox"/> Spill Containment Trays | <input type="checkbox"/> Absorbant/Protective Bench Covering |
| <input type="checkbox"/> Tongs | <input type="checkbox"/> Portable Radiation Survey Meters |
| <input type="checkbox"/> Shielded Stock Containers | <input type="checkbox"/> Vacuum Pumps |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Micro-Centrifuge |
| <input type="checkbox"/> Benchtopy Shielding | |

11. **List any additional/specialized facilities and equipment:**

12. **Certification:**

I certify that all radioactive material will be handled in accordance with the guidelines, policies, and rules of this university and as indicated in this application. I further agree to notify the Radiation Safety Officer before enacting any changes in the use of radioactive material as herein described.

Applicant: _____ Date: _____

Dept. Chair: _____ Date: _____

Send Completed Application and Floor Plan to EH&S, Radiation Safety