

Renewal of Radioactive Material Use Authorization

Proposal Title: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Participants in Project:

Name	Position	Radioactive Material User	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Radionuclides to be Used:

Radionuclides	Chemical Form(s)	Inventory Amount (mCi)	Activity per Experiment	Activity per Year (mCi)

Locations (buildings/rooms) where radioactive materials are used and stored: \_\_\_\_\_

Physical facilities and equipment	Yes	No	Location
Fumehood	<input type="checkbox"/>	<input type="checkbox"/>	
Ultra centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	
Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	
Cold room	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Location	Make	Model
Liquid scintillation counter (LSC)	<input type="checkbox"/>	<input type="checkbox"/>			
LSC with external standard	<input type="checkbox"/>	<input type="checkbox"/>			
Gamma counter	<input type="checkbox"/>	<input type="checkbox"/>			
Laser system	<input type="checkbox"/>	<input type="checkbox"/>			
GC with ECD	<input type="checkbox"/>	<input type="checkbox"/>			
Portable radiation meter	<input type="checkbox"/>	<input type="checkbox"/>			
x-ray equipment	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Describe any anticipated problems associated with radioactive waste disposal: \_\_\_\_\_

Will you be generating radioactive mixed waste? \_\_\_\_\_

\_\_\_\_\_  
Principal Investigator (Signature)

\_\_\_\_\_  
Date