|  |  |
| --- | --- |
| Routing Date: | **For Office Use Only** |
| **RASTA** |
|  |
| Project: |  | Labs: |  | Visio: |  | Report: |   |
|  |
| Class: |  |  |  |  | Log: |   |
|  |  |  |  |
| Labels, supplies assigned to:  |  | Done: |  |
|  |  |  |  |
| RSO  | HP | HP |
|  |  |  |

## Radiation Facility Approval Request

|  |  |  |
| --- | --- | --- |
| [ ]  New Project[ ]  Amendment | Authorization Number: |       |
|  |
| Building: |       | Room: |       |
|  |
| Floor Covering: |       | Wall Coating: |       | Bench Top Material: |       |
|  |
| Number of hoods in facility: |       | Are the hoods to be used for radionuclide experimentation? |  [ ]  Yes [ ]  No |
|  |  |
|  |
| **Monitoring Device:** (*Additional monitoring devices may be listed on back*.)  |
|  |
| Manufacturer: |       | Model: |       | Serial Number: |       | Purdue Number: |       |
|  |
| Storage Location: |       |
|  |
|  |
| **Laboratory Usage:** (*Check and fill in appropriate spaces*) |
|  |  |  |  |  |  |
|  | [ ] Nuclide(1/Line) | [ ]  Experimentation(Max mCi/Exp) | [ ]  Storage(Max mCi) | [ ]  Teaching(Max mCi/Exp) | [ ]  Counting(Type) |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |
| 4. |       |       |       |       |       |
| 5. |       |       |       |       |       |
| 6. |       |       |       |       |       |
|  |
|  | Devices | kVp | mA | Configuration(*open, closed, cabinet, medical*) |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
|  |
| Are all personnel working in the facility approved radiation workers? |  [ ]  Yes [ ]  No |
|  |
| Is the lab also used for a study/office area? |  [ ]  Yes [ ]  No |
|  |
| Do you share the lab with other radiation project directors? |  [ ]  Yes [ ]  No |
|  |
| Individual submitting this request: |       | Date: |       |
|  |
| Project director in charge of radiation hazard control: |  |
|  | *Signature* |
|  |
| Approved by REM: |  | Date: |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sketch Facility:** | Authorization Number: |       | Building: |       | Room: |       |
|  |  |  |  |  |  |  |
| Draw a sketch of the facility and outline in red those areas where radionuclides are to be used and/or stored. |
|  |
|  |