|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | |
|  | | | | | | |
|  | | | | | | |