

UNIVERSITY OF MARYLAND  
RADIATION SAFETY OFFICE, COLLEGE PARK, MARYLAND

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

1. Name of Principal Investigator:	2. Telephone:	3. Date:
		4. Department:
<p>5. Locations where radioactive material will be used and stored &amp; users.</p> <p>A. Building Name: _____ Building No. _____</p> <p>B. Room where radioactive material will be stored:</p> <p>C. Room where radioactive material will be used:</p> <p>D. Room where counting and analysis of radioactive material will take place:</p> <p>E. Room where radioactive waste will be stored:</p> <p>F. Names of researchers working on the protocol with radioactive material:</p>		
6. Radionuclides to be Used	7. Chemical/Physical Form	8. Possession Limit by Radionuclide
9. Chemical, Biological, and Radiological Hazards Involved:		
<p>10. Type and Location of Hoods to be used with Radioactive Material:</p> <p style="text-align: center;">Have these hoods been checked within the last year for adequate flow by ESSR: Y N</p>		
11. Make and Model of all Radiation Detection Equipment available for your use and the method and frequency of calibrations:		

12. Method and Frequency of Monitoring your work area:

13. Type of Security to avoid loss or theft of radioactive material:

14. Type and Number of Waste Containers Needed: (Approved Containers are available from the Environmental Affairs, ESSE)

Solid:  
Liquid:  
Vial:  
Other:

15. Protocol of your investigations :( Include the amount of material used in each experiment; this item may be entered as an attachment to the application.)

16. Details on how you plan to Control each Hazard listed in item 9:

17. Type and Approximate volume or radioactive waste generated per month:

Solid:  
Liquid:  
Vial:  
Other:

**FOR USE BY RADIATION SAFETY OFFICE ONLY**

Date Received:

Conditional Approval:

Committee Approval:

Signature of Principal Investigator:

Signature of Department Chair: