

Applicant's Name	Department	Office Location	Office Phone
Mailing Address _____ _____			
E-Mail Address _____ _____			
To the best of my knowledge, this application is complete and accurate. All individuals who will work under this permit have been certified by the Radiation Protection Division.			
Applicant's signature: _____ Date: _____			
<b>RPD Use Only</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal			
Application Received: _____ Auditor Review: _____			
Appointment (Date, place and time): _____			
HP: _____ With: _____			
Deficiencies: _____ _____ _____ Corrected <input type="checkbox"/>			
Health Physicist Signature: _____ Date: _____			

Return completed form to:

Campus Mail      U.S. Mail  
Radiation Protection Division  
DEHS  
W-140 Boynton Health Service  
University of Minnesota  
Radiation Protection Division  
W-140 Boynton Health Service  
410 Church Street S.E.  
Minneapolis, MN 55455

**PRS Use Only**

PRS Review  No  Yes      Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section I. Radioactive Material Protocols: Titles and Waste Distribution.**

Provide a title for each protocol involving the use radioactive material, and complete the waste distribution section. **Protocol descriptions must be attached and submitted with this application form.** The descriptions should include the labeled compounds used, the preparation and processing steps involving radioactive material, chemicals added, dilutions performed and volumes and types of radioactive wastes generated. Please see the Application Guide for additional description/information requirements.

No.	Protocol Title	Radioactive Waste Distribution (as percentages)					Waste	Vent	Shield	Survey
		Solid	Liquid Aqueous	Liquid Flam.	Scintillation Vials Aqueous Solvent	Animal				
1										
2										
3										
4										
5										
6										

**Section II. Radioactive Material Protocols: Frequencies and characteristics.**

No.	Isotope	mCi protocol	protocols month	Radioisotope Use Frequencies							Characteristics					
				Chemical Hazard	Bio Hazard	Toxic	Volatile	Mixed Waste	Animal Use	Field Use	yes	no	yes	no		
1				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		
2				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		
3				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		
4				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		
5				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		
6				yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		



**Section III. Radioactive Materials: Possession limits and inventories.**

List radioisotopes and possession limits for non-sealed material.					
Radio-isotope	Requested possession limit (mCi)	Approved possession limit (mCi)	Radio-isotope	Requested possession limit (mCi)	Approved possession limit (mCi)

List sealed sources and provide requested information.				
Sealed Source Serial Number	Radio-isotope	Original Activity (mCi)	Original Assay Date	Storage Location Room & Building

**Section IV. Radioactive Material Use Areas: Lab Phone: \_\_\_\_\_ Lab Fax: \_\_\_\_\_**

List all locations where radioactive materials will be handled or stored. Include labs, cold rooms, storage rooms, animal rooms, field use locations, etc.				
Room and Building	Other door numbers	Protocol #'s	Radioisotopes and maximum activity	Class

Field use or plot locations: \_\_\_\_\_ Delivery (Room & Building): \_\_\_\_\_

**Section V. Personnel: Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_**

List all personnel (including applicant and contact person) who will be working with radioactive material as authorized by this permit.				
Name	University ID Number	Previous training and experience with radioactive materials. Where, when (year) and radioisotopes.	Training <input type="checkbox"/> tape <input type="checkbox"/> manual <input type="checkbox"/> tape <input type="checkbox"/> manual <input type="checkbox"/> tape <input type="checkbox"/> manual	Dosimetry body ring BA



tape  
 manual