

Applicant's Name	Department	Office Location	Office Phone
Mailing Address		<p><b>RPD Use Only</b> <span style="float: right;"><input type="checkbox"/> New <input type="checkbox"/> Renewal</span></p> <p><b>Application Received:</b> _____ <b>Auditor Review:</b> _____</p> <hr/> <p><b>Appointment (Date, place and time):</b> _____</p> <p><b>HP:</b> _____ <b>With:</b> _____</p> <p><b>Deficiencies:</b> _____</p> <p>_____</p> <p>_____ <b>Corrected</b> <input type="checkbox"/></p> <hr/> <p><b>Health Physicist Signature:</b> _____ <b>Date:</b> _____</p>	
E-Mail Address			
<p>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.</p>			
<p>Applicant's signature: _____</p> <p>Date: _____</p>			

Return completed form to:

**Campus Mail**

Radiation Protection Division  
 DEHS  
 W-140 Boynton Health Service

**U.S. Mail**

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. <b>Protocol descriptions must be attached and submitted with this application form.</b> 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.									W a s t e	V e n t	S h i e l d	S u r v e y	
No.	Protocol Title	Radioactive Waste Distribution (as percentages)											
		Solid	Liquid Aqueous	Liquid Flam.	Scintillation Vials Aqueous Solvent		Animal	Stock Vial					
1													
2													
3													
4													
5													
6													

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

Radioisotope Use Frequencies				Characteristics						
No.	Isotope	<u>mCi</u> protocol	<u>protocols</u> month	Chemical Hazard	Bio Hazard	Toxic	Volatile	Mixed Waste	Animal Use	Field Use
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**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): \_\_\_\_\_

