

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
<p>9. Chemical, Biological, and Radiological Hazards Involved:</p>   		
<p>10. Type and Location of Hoods to be used with Radioactive Material:</p>   		
<p>11. Make and Model of all Radiation Detection Equipment available for your use and the method and frequency of calibrations:</p>   		
<p>12. Method and Frequency of Monitoring your work area:</p>   		

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, ESSR)

Solid:  
Liquid:  
Vial:  
Other:

15. Protocol of your investigations (how is the source(s) used?)

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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: **NA**

Solid:  
Liquid:  
Vial:  
Other:

**ESSR Radiation Safety Office Use ONLY**

**Signature of Principal Investigator:**

Date Received: \_\_\_\_\_ HP Initials

Conditional Approval: \_\_\_\_\_ RSO Initial

Committee Approval: \_\_\_\_\_ RSO Initial

**Signature of Department Chair:**