

INSTRUCTIONS

previously filed.

if not

1. Name _____ Date _____
2. Irradiator Type _____ Energy _____ mA _____
3. Desired possession limit (if radionuclide) _____
4. Location of irradiator storage: Building _____ Room _____
5. Location of irradiator use: Building _____ Room _____
6. Maximum dosage to be given in each experim _____
7. Will the irradiation be administered to animal Yes No
8. On a separate sheet briefly describe your experimental protocol utilizing the above requested irradiator. If possible, include information concerning the method to be utilized.
9. List the people under your supervision who will be working with the requested irradiator. Give birth dates and experience using irradiators.

Signature

Received by Radiation Safety Officer on _____
Date