THE UNIVERSITY OF MISSISSIPPI LABORATORY SERVICES

Phone (662) 915-5433 FAX (662) 915-5480

APPLICATION FOR RADIOISOTOPE USE IN A LOCATION

iilding:		•	
sotope(s) to be Used	Maximum Activity	Physical Form	(s)
_			
5. Containment pro a. Singleb. Double6. Containment pro a. Burnable	Double ment provisions for radioactive waste Burnable Solids Non burnable Solids		yes no_ yes no_ yes no_ yes no_ yes no_ yes no_
	nic Liquid		yes no_
d. Non Orga 7. Experimental Pro	separate sheet the detailed expe	mimantal muaaaduunaa	

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B. RADIATION SAFETY OFFICE EVALUATION (to be completed by the

1.		nal Hazard Evaluation: Mr/hr at one meter:			
	b.	Shielding Required:			
	c.	Mr/hr at storage place:			
	d.	Shielding Required:			
2.		al Hazard Evaluation: Hood required for the work	yes no		
	b.	Dry box required for the work	yes no		
	c.	Eye protection required	yes no		
	d.	Gloves required for the work	yes no		
	e.	Protective clothing required	yes no		
	f.	Respirator required	yes no		
3.		oring Equipment: TLD Body Badge required	yes no		
	b.	TLD Ring Badge required	yesno		
	c.	Area Monitor required	yes no		
	d.	Area Gas Monitor required	yes no		
4.	Freque	ency of Labs Smear Surveys:			
	Mo	onthly Quarterly	Semi-annually		
	Special Conditions				

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FORM: DHS-030 http://safety.olemiss.edu Rev. 07/15

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5. This area is approved for the proposed activities, provided the conditions of the University Safety Manual Regulations and the conditions listed in B-1, B-2, B-3, and B-4 above are met
Special Conditions and Comments:

Radiation Protection Specialist

Date