UNIVERSITY OF MISSOURI-COLUMBIA
APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

Authorization Number: Application Date:

RADIOACTIVE MATERIAL LOCATION PAGE
[This form or attachment must be typed or printed very neatly in black ink]

Complete separate sheet for each room

Building: Room Number:

Floor plan of total room(s) containing restricted area and identify surrounding areas (include overall dimensions)

Identification Key
B = bench top
C = centrifuge
D = desk
DH = door handle
E = emergency proc.
EE = electrophoresis
F = floor
FR = freezer
H = hood
HS = heat sealer
L = laminar flow hood
M = µ centrifuge
O = oven/incubator
R = refrigerator
S = sink
SA = storage area
SH = shields
T = telephone
WA = waste area

What level of security will be maintained for radioactive materials when authorized personnel are not present?

[ ] All radioactive materials (including waste) will be stored in locked cabinet(s), refrigerator(s), or freezer(s).
[ ] The room will be locked.
[ ] Other (specify).

This room is requested:

[ ] for use as a radioactive work area
[ ] to contain a modified restricted area as described above
[ ] for a common use area
[ ] for storage only
[ ] for use as a transient radioactive work area
[ ] for other (specify)

Note: Transient radioactive work areas are the areas where radioactive material are used for infrequent short periods of time (generally <8 hours), where constant line-of-sight control and/or lockable security is maintained. The area must have a documented survey confirming that no radioactive material remains in quantities greater than those allowed for unrestricted areas at the conclusion of the use and do not require posting.