Print Form

Reset Form

North Dakota State University
Office of Safety and Environmental Health
Facility Approval Request for Radioisotope Usage

1. Department:

2. Building: 3. Room:

4. Sketch of Facility: (attach additional sheet if needed)

5. Radioisotope to be used:

6. Type of floor covering:

7. Walls and Ceiling (paint or coating):

8. Bench Top Material:

9. Hood(s): Singly ducted? ☐ Yes ☐ No Fan mounted on roof? ☐ Yes ☐ No

   Flow rate with sash open: fpm (if known)

10. Number of persons normally working in area:

11. Educational level of person(s) in area:
    ☐ Undergraduate ☐ Graduate ☐ Technician ☐ Postdoc or Faculty

    Are other personnel working in this facility approved radioisotopes worker? ☐ Yes ☐ No

    Is this area also used for study/office area for research personnel? ☐ Yes ☐ No

12. List monitoring devices located in this facility (make, model, type):

13. Special handling facilities (shielding, glove boxes, etc.)

14. Staff member in charge of laboratory:
    Telephone number:

15. Individual submitting this request: Date:

Approved: Date: