

Department: _____

Building: _____ Room: _____

Sketch of facility:

(attach additional
sheet if needed)

Radioisotope(s) to be used: _____

Type of floor covering: _____

Walls & Ceiling: (paint or coating) _____

Bench top material: _____

Hood(s): Slightly ducted: Yes No Fan mounted on roof: Yes No Flow rate with sash open: _____ fpm (if known)

Number of persons normally working in area: _____

Education level of person(s) in area: Undergraduate Graduate Technician Postdoc or Faculty

Are other personnel working in this facility approved radioisotope workers? Yes No

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

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

Special handling facilities:(shielding, glove box, etc.)

Staff member in charge of laboratory: _____ Phone #: _____

Individual submitting this request: _____ Date: _____

For Department Use Only

Not Approved

Approved

Date Approved: _____

Route this form to:

University Police & Safety Office
Dept 3300, PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-7759
Fax (701) 231-6739