**Applicant Last Name:** Click here to enter text. **Applicant First Name:** Click here to enter text.

**Application Date:** Click here to enter a date.

*This form is intended for location changes only. If changes in protocols, radionuclides, limits, etc. are needed please submit the “Application Packet for Nonhuman use of Radioactive Materials”.*

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| **Lab(s) - Building:** Click here to enter text. **Room(s):** Click here to enter text. **Phone:** Click here to enter text.  **Lab(s) - Building:** Click here to enter text. **Room(s):** Click here to enter text. **Phone:** Click here to enter text. |

I request that the following locations be **removed** from my Radioactive Materials Permit and decommissioned (The Permit Holder is responsible for ensuring that all radioactive materials have been properly disposed of or moved to the new, approved location prior to decommissioning. The Permit Holder is also required to perform final surveys in the lab prior to decommissioning):

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| **Lab(s) - Building:** Click here to enter text. **Room(s):** Click here to enter text. **Phone:** Click here to enter text.  **Lab(s) - Building:** Click here to enter text. **Room(s):** Click here to enter text. **Phone:** Click here to enter text. |

I request that the following locations be **added** to my Radioactive Materials Permit (The Permit Holder is required to submit a numbered diagram of each location where radioactive materials will be used or stored – see below):

You are required to submit a diagram of each laboratory on the following pages, suitable for documenting your routine weekly or monthly laboratory contamination surveys. Please identify areas where radioactive materials will be used or stored. On each diagram, number the locations that will be surveyed/wipe tested. Generally, 15 to 20 areas per lab should be identified.

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| Office of Radiation Safety Use Only |
| NRC 3 form posted  Emergency Procedures posted  Radioactive Materials sign posted at entrance  Date: \_\_\_\_\_\_\_\_\_Initials:\_\_\_\_\_ |

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| **RADIATION SAFETY ARE SURVEY RESULTS** | | | | | | | | | | | | | |
| ENTER LAB DIAGRAM HERE – IDENTIFY RELEVANT FEATURES AND LOCATIONS OF SURVEY POINTS  **Room Number(s):** Click here to enter text. **Building:** Click here to enter text. | | | | | | | | | | **REQUIRED FREQUENCY**  Weekly  Monthly | | | |
| **Key**   |  |  |  | | --- | --- | --- | | B | = | Bench Top | | D | = | Desk | | DH | = | Door Handle | | F | = | Floor | | FR | = | Freezer | | H | = | Hood | | M | = | µ-Centrifuge | | R | = | Refrigerator | | S | = | Sink | | SA | = | Storage Area | | SH | = | Shaker | | T | = | Telephone | | WA | = | Waste Area | | | | |
| **RADIONUCLIDES** | | | |
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| Wipe Test Assay System (Beta) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text.  Wipe Test Assay System (Gamma) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text. | | | | | | | | | | | | | |
| **Date:** | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | | | |
| **Survey**  **Location** | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | | **Meter**  (cpm, cps,  or mR/hr) | | |
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| **Survey Performed**  **By:** |  | |  | |  | |  | |  | | | | |
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| **RADIATION SAFETY ARE SURVEY RESULTS** | | | | | | | | | | | | | |
| ENTER LAB DIAGRAM HERE – IDENTIFY RELEVANT FEATURES AND LOCATIONS OF SURVEY POINTS  **Room Number(s):** Click here to enter text. **Building:** Click here to enter text. | | | | | | | | | | **REQUIRED FREQUENCY**  Weekly  Monthly | | | |
| **Key**   |  |  |  | | --- | --- | --- | | B | = | Bench Top | | D | = | Desk | | DH | = | Door Handle | | F | = | Floor | | FR | = | Freezer | | H | = | Hood | | M | = | µ-Centrifuge | | R | = | Refrigerator | | S | = | Sink | | SA | = | Storage Area | | SH | = | Shaker | | T | = | Telephone | | WA | = | Waste Area | | | | |
| **RADIONUCLIDES** | | | |
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| Wipe Test Assay System (Beta) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text.  Wipe Test Assay System (Gamma) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text. | | | | | | | | | | | | | |
| **Date:** | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | | | |
| **Survey**  **Location** | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | | **Meter**  (cpm, cps,  or mR/hr) | | |
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| **Survey**  **Meter:** |  | |  | |  | |  | |  | | | | |
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| **RADIATION SAFETY ARE SURVEY RESULTS** | | | | | | | | | | | | | |
| ENTER LAB DIAGRAM HERE – IDENTIFY RELEVANT FEATURES AND LOCATIONS OF SURVEY POINTS  **Room Number(s):** Click here to enter text. **Building:** Click here to enter text. | | | | | | | | | | **REQUIRED FREQUENCY**  Weekly  Monthly | | | |
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| **RADIONUCLIDES** | | | |
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| Wipe Test Assay System (Beta) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text.  Wipe Test Assay System (Gamma) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text. | | | | | | | | | | | | | |
| **Date:** | **/ /** | | **/ /** | | **/ /** | | **/ /** | | **/ /** | | | | |
| **Survey**  **Location** | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | | **Meter**  (cpm, cps,  or mR/hr) | | |
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| **Survey**  **Meter:** |  | |  | |  | |  | |  | | | | |
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| **RADIATION SAFETY ARE SURVEY RESULTS** | | | | | | | | | | | | | |
| ENTER LAB DIAGRAM HERE – IDENTIFY RELEVANT FEATURES AND LOCATIONS OF SURVEY POINTS  **Room Number(s):** Click here to enter text. **Building:** Click here to enter text. | | | | | | | | | | **REQUIRED FREQUENCY**  Weekly  Monthly | | | |
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| Wipe Test Assay System (Beta) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text.  Wipe Test Assay System (Gamma) Manufacturer: Click here to enter text. Model #: Click here to enter text. Serial #: Click here to enter text. | | | | | | | | | | | | | |
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| **Survey**  **Location** | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | **Meter**  (cpm, cps,  or mR/hr) | **Wipe Test**  (dpm/100 cm2) | | **Meter**  (cpm, cps,  or mR/hr) | | |
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| **Survey**  **Meter:** |  | |  | |  | |  | |  | | | | |
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