Application for internal radioisotope permit

Please complete the following personal information

Name of permit holder:

________________________________________________________

Department: ___________________________________ Office Telephone: __________

Cellphone (in case of emergency): ___________ Lab Telephone: ________________

E-mail Address: _________________________________

1. Names(s) of individual(s), other than permit holder, who will be handling radioactive materials:

__________________________________________  ________________________________

__________________________________________  ________________________________

2. University location(s) where radioactive materials will be handled and stored (list room numbers):

________________________________________________________

3. Radioisotopes required:

<table>
<thead>
<tr>
<th>Open sources (solid or liquid)</th>
<th>Sealed sources</th>
<th>Maximum activity to be stored in the licensed location(s)</th>
<th>Maximum activity to be used during an experiment</th>
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</table>
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4. List below the type of instruments intended for use for contamination monitoring (e.g. Liquid Scintillation counter, Geiger-Mueller counter):

________________________________________

________________________________________

________________________________________

________________________________________

5. Brief statement of intended use of radioisotopes

________________________________________

________________________________________

________________________________________

________________________________________

6. The applicant agrees that the statements contained herein and the radioisotopes outlined in this application shall only be used as authorized by the SFU Radiation Safety Committee and in accordance with SFU’s Radiation Safety Policy R 20.04.

Name: __________________________________ Date: ____________________________

Signature: __________________________________________________________________________