



PART C: Principal Procedures

Procedure Title:					
Registered Lab:					
Description of Experiment:					
Activity					
Radionuclide	Amount of Activity		Chemical and Physical Form	Location of Secure stock material storage	Comments
	Stock Activity	In use per Experiment			
Survey and Monitoring during experiment and close down procedure					
Ancillary Hazards					
<input type="checkbox"/> Biological (BL2 or greater)		<input type="checkbox"/> Animal (attach DCM Protocol)			
<input type="checkbox"/> Chemical (toxic, carcinogenic...)		<input type="checkbox"/> Other (specify):			
Waste Generated [Examples are provided. Mixed wastes require prior approval. Waste in form of gas, pyrophoric or pathogenic material are to be considered special wastes]					
<input type="checkbox"/> Solid (Gloves, Bench paper, Pipet tips & tubes , Deactivated Biological hazards)		<input type="checkbox"/> Aqueous <ul style="list-style-type: none"> • Must be soluble, readily dispersible • Deactivated Biological hazards <ul style="list-style-type: none"> <input type="checkbox"/> Sink disposal <input type="checkbox"/> RPP collection container 		<input type="checkbox"/> Mixed waste <ul style="list-style-type: none"> • <i>Requires RPP approval</i> • Deactivated Biological hazards <ul style="list-style-type: none"> <input type="checkbox"/> Organic wastes <input type="checkbox"/> Acidic or caustic (pH < 4 or > 10) <input type="checkbox"/> Alcohol <input type="checkbox"/> Hazardous chemical 	
<input type="checkbox"/> Sharps (Needles, Glassware, Razor blades)		<input type="checkbox"/> Animal Freezer location:		<input type="checkbox"/> Liquid Scintillation	



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Radiation Protection [Check special equipment that will be used to control external and internal radiation exposure.]		
<input type="checkbox"/> Fume hood	<input type="checkbox"/> Transportation container	<input type="checkbox"/> G.M. Survey Meter
<input type="checkbox"/> Shielding	<input type="checkbox"/> Protective gloves	<input type="checkbox"/> Scintillation-survey Meter
<input type="checkbox"/> Handling tongs	<input type="checkbox"/> Lab-coat	<input type="checkbox"/> Ion-chamber Survey Mete
<input type="checkbox"/> Shielded storage container	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Dosimetry
<input type="checkbox"/> Radiation signs and labels	<input type="checkbox"/> Trays	<input type="checkbox"/> Whole Body
<input type="checkbox"/> Glove-box	<input type="checkbox"/> Mechanical pipette	<input type="checkbox"/> Finger

Personnel [Name(s) of Individual(s) performing experiment or "entire lab"]	
Name	Kerberos