RADIATION AUTHORIZATION TO USE APPLICATION PROTOCOL SUMMARY FORM

Please submit one form for each proposed use. **Date of Application** PI-Authorized User: **Email Address:** Work Telephone No. N.HT Mailing Address Radionuclide: **Chemical & Physical Form: Substance is Volatile:** No _____ Yes Procedure will be performed at standard temperature and pressure: Yes No **Building:** Room: **Protocol:** Provide a brief description of the procedure as an attachment to this application. Also include information on chemical and physical form generated, any special equipment used to handle, shield or contain the radioactivity, and unusual hazards associated with the procedure. **Total Activity Per Experiment: Frequency of Experiment:** Mixed hazardous waste or unusual waste stream will be generated: (i.e., any chemical, biological, or genetically hazardous material mixed with radioactive waste)