

YORK UNIVERSITY
RADIATION SAFETY COMMITTEE

RADIOISOTOPE PERMIT APPLICATION

Date of Application:

Name of Applicant:

Department:

Room:

Building:

Tel.:

ISOTOPE	AMOUNT (ACTIVITY) OF STOCK SOLUTION TO BE HANDLED IN OPEN BENCH	AMOUNT TO BE HANDLED IN CONTAINMENT**	CHEMICAL FORM *

Total Anticipated Usage in 2 years:

Proposed Experimental Procedures (attach protocol):

Laboratories in which isotopes will be used:

* In case of sealed sources, state: the type of equipment (e.g. gas chromatograph), brand name and model no.
 ** Containment, e.g. fumehood