

RADIATION SAFETY HAZARD ANALYSIS

Project Title _____

User's Name _____ Position _____

Department _____ Office _____ Ext. _____

Room of Use _____ Room of Storage (if different from use) _____

Type of Room of Use: Lecture Classroom _____, Laboratory _____, Other _____

All Other Activities Compatible with Radioisotope use? _____

Number of Room Exits _____

Availability of Windows which Open? _____

Traffic Flow Rate: High _____, Medium _____, Low _____

Availability of Fume Hood _____

Availability of Water _____

Availability of Sink _____

Radioisotope(s) of Use _____

Maximum Amount of Radioisotope(s) in Storage _____ mCi

Maximum Amount of Radioisotope(s) in Use at any time _____ mCi

Type of Operation, e.g. Simple Wet Operation, etc. _____

Availability of shielding (if needed) _____

Method of Radioisotope Storage _____

Method of Radioisotope Disposal _____

Radiation Safety Officer

Date