FACILITY REGISTRATION

NOTE: Facility Registration is required for ALL Authorized Users, regardless of registration of the facility by another Authorized User.

🞎 New Facility 🞎 Re-Registration 🞎 Change in Facility or Use

Authorized User: Date:

Room #/Bldg.: Phone:

Use (lab, counting room, storage, cold room, etc.):

Nuclides (list):

|  |  |  |
| --- | --- | --- |
| FACILITY FLOOR PLAN | SAMPLE LOCATIONS | EQUIPMENT |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 17. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 17. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 20. | 20. |

NOTE: Contamination surveys must be performed and recorded at least once each month when radioactive material is present, in use, or in storage. Identify the locations and items that will be routinely wipe tested as part of the required contamination surveys for this facility. Include locations where radioactive materials are routinely used or stored such as: hoods and refrigerators as well as floors and benches, approved disposal sinks, passageways and other high traffic areas, including door handles. Also list all equipment in which radioactive material will be used or stored.

🞎 Yes 🞎 No Is radiochemical hood present? If yes, record measured face velocity (in linear feet per minute): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Yes 🞎 No Is this facility shared with other Authorized Users? If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Yes 🞎 No Is this facility shared with individuals who do not use radioactive material?

Posting and Labeling: The following signs and notices must be posted prior to use of radioactive material. Please note which postings are present:

🞎 “Caution Radioactive Material” 🞎 “Notice to Employees,” State Form 491

🞎 “No Smoking, Eating or Drinking Permitted in this Facility” 🞎 “Radiation Emergency Procedures”