

University of Prince Edward Island

APPLICATION FOR RADIOISOTOPE USER PERMIT

Project Director

Name	Department	Telephone #
_____	_____	_____

Rooms where radioisotopes will be handled:

Technicians and others handling radioisotopes:

Name	Department	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Open Sources

Radioisotope(s)	Maximum Held at One Time	Per Experiment	Annual Requirement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete and Return to :

UPEI Radiation Safety Office.

