

OHSU RADIOACTIVE MATERIALS LICENSE AMENDMENT LABORATORY CHANGE ONLY

Note: This form is not for Medical / Human Use Licenses.

When completed:

Licensee Name Department

License Number Licensee Phone Lab Phone Mail Code

Laboratory Change(s)

1. Room(s) to be added: Building / Room(s)

b. Include diagrams of all new rooms indicating locations of hot sink(s), use areas, refrigerator / freezer storage, and waste storage (Electronic diagram preferred).

2. Room(s) to be removed: Building / Room(s)

a. Date by which old lab(s) will be vacated:

NOTE: The RSO must check vacated rooms to certify they are contamination free prior to new occupancy or remodeling.

3. Laboratory layout change: Building / Room(s)

a. Provide room diagrams of the laboratory layout change for each changed room (Electronic diagram preferred).

I, the applicant, have read and understand and agree to comply with the requirements of the OHSU Radiation Safety Regulations and Procedures.

Licensee Name

Title

Employee #

Date

NOTE: The licensee employee number is required for processing the amendment.