

PROTOCOL SUMMARY SHEET
(Use a separate sheet for each proposed use)

P I: _____ Date: _____

Building & Room: _____ Phone: _____

1. Radionuclide or Apparatus: _____

2. Chemical and Physical Form: _____

3. Substance is volatile: YES ___ NO ___

4. Procedure will be performed at Standard Temperature and Pressure (STP) YES ___ NO ___

5. Protocol: Provide a brief description of the procedure. Include information on chemical and physical form generated, any special equipment used to handle, shield, or contain the radioactivity, and unusual hazards associated with the procedure (Attach separate sheet if necessary).

6. Total Activity Per Experiment: _____

7. Frequency of Experiment: _____

8. Comments:

9. Mixed hazardous and radioactive waste or unusual waste will be generated: YES ___ NO ___
(i.e., chemical, biological, or genetic hazardous material mixed with radioactive waste).

10. Vertebrate animals will be used: YES ___ NO ___
If yes, Institutional Animal Care and Use Committee (IACUC) Protocol #: _____

-----EHS use only-----

Approved: _____ Date: _____

Your new **Protocol ID Number** is: _____