

11. Radiation Detection Instruments:

ANALYTICAL		SURVEY METER
TYPE	Manufacturer/Model	Manufacturer/Model: _____
		Serial Number: _____
		Calibration Date: _____

12. FACILITIES: Submit a detailed drawing of each area where radioactive material will be used. Please include storage areas, waste container locations, fume hoods, shielding, etc. (Use additional sheets if necessary).

Building: _____ Room: _____

Building: _____ Room: _____

