

7. RADIOACTIVE MATERIAL.

- a. ELEMENT AND MASS NUMBER b. CHEMICAL AND/OR PHYSICAL FORM (if sealed sources, include manufacturer and model number). c. MAXIMUM AMOUNT TO BE POSSESSED AT ANY ONE TIME (if sealed source(s), state number of sources and maximum activity per source).

8. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIALS LISTED IN ITEM 7, ABOVE, WILL BE USED. (if radioactive material is in the form of a sealed source, include the manufacturer and model number of the storage container and/or device in which the source will be stored and/or used).

9. RADIATION DETECTION INSTRUMENTS.

TYPE OF INSTRUMENTS (include manufacturer and model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mR/hr)	USE (e.g., monitoring, surveying, measuring)

10. CALIBRATION OF INSTRUMENTS LISTED ABOVE.

<input type="checkbox"/> a. CALIBRATED BY SERVICE COMPANY State the name, address and license number of the service company and the frequency of calibration of the device.	<input type="checkbox"/> b. CALIBRATED BY APPLICANT Attach a separate sheet describing procedures, frequency and standards used for calibrating instruments.
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11. PERSONNEL MONITORING DEVICES. Complete Items a, b, c and d.

- a. Film TLD b. Whole Body Extremity
- c. Radiation Detected: Beta Gamma Neutron
- d. SUPPLIER _____ FREQUENCY OF EXCHANGE _____

12. **FACILITIES AND EQUIPMENT.** Describe facilities where radioactive material, including waste, will be used and/or stored. **Attach an annotated diagram of the areas of use and/or storage, including adjacent areas.** Describe equipment such as remote handling devices, storage containers, shielding, fume hoods, etc.

13. **RADIATION PROTECTION PROGRAM.** Describe the radiation protection program as appropriate for the material to be used, including general radiation safety procedures, emergency procedures and bioassay procedures. If the application includes a request for sealed sources, submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify the manufacturer and model number of the kit and the name and radioactive materials license number of the individuals who will perform the analysis.

14. **WASTE DISPOSAL.** Describe the procedures for handling, storing and disposing of radioactive wastes (solid, liquid and/or gas). Name the commercial waste disposal service employed, if applicable. If sealed sources and/or devices will be returned to the manufacturer, so state.

15. **CERTIFICATE.**

The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application has been prepared in accordance with Chapter 64E-5, Florida Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Certifying Official (signature)

Name (typed or printed)

Title

Date

WARNING: KNOWINGLY MAKING FALSE STATEMENTS TO A PUBLIC SERVANT IS A VIOLATION OF SECTION 837.06, FLORIDA STATUTES, AND IS PUNISHABLE BY FINE OR IMPRISONMENT.