

UNIVERSITY OF PENNSYLVANIA
Environmental Health and Radiation Safety Office
3160 Chestnut Street, Suite 400 / 6287
FAX: 215-898-0140

RADIOACTIVE MATERIALS LICENSE AMENDMENT REQUEST

LICENSEE: _____ License # _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Please include a protocol summary form if you are adding a radionuclide or changing an existing protocol.

ADDING A RADIONUCLIDE OR CHANGING ACTIVITY LIMITS (Please address only the radionuclides to be added or changed):

radionuclide	<i>Current</i> poss'n limit	<i>Current</i> annual limit	<i>Requested</i> poss'n limit	<i>Requested</i> annual limit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are adding a radionuclide, please specify the monitoring method that you will use. Include make, model, and probe type:

ADDING/DELETING ROOMS (Please submit a layout of the new area(s) which indicates work areas, hot sinks, fume hood, radioactive waste areas, and entrances. **Please complete a room sign request form for the room if it is not already posted:** <http://www.ehrs.upenn.edu/programs/labsafety/chp/appendixi.html>.)

<i>room additions</i>		<i>room deletions</i>	
building	room	building	room
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INACTIVATING LICENSE Check here to inactivate: _____

TERMINATING LICENSE Check here to terminate: _____

SIGNATURE: _____ DATE: _____