Radioactive Materials

Room #: ____________

Isotope: ____________  Amount (mCi or MBq): ____________  Half-life: ____________
Date & Time Administered: ____________  Date & Time Ending: ____________

P.I./Lab Manager: ____________  P.I./Lab Manager: ____________
Protocol #: ____________  Protocol #: ____________
Phone Number: ____________  Phone Number: ____________
Email: ____________

Minimum PPE for Room Entry

LAB COAT  BOOTIES  GLOVES  RESPIRATOR  FACE MASK

Additional PPE Required to Handle Treated Animals

DOUBLE GLOVES  BOUFFANT  FACE SHIELD

SAFETY GLASSES/GOGGLES  TYVEK SLEEVES

OTHER: ____________  APPROVED RESPIRATOR*

Hazard labels required on treated animal’s cage cards!

*Must be Fit Tested & Medically Evaluated. Call 265-5610