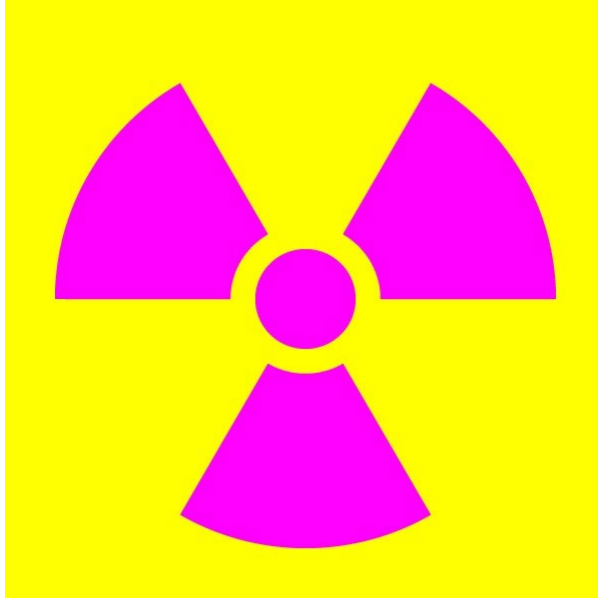


Radioactive Materials

Room #: _____



Hazard labels
required on
treated animal's
cage cards!

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







P.I./Lab Manager: _____
Phone Number: _____
Email: _____

P.I./Lab Manager: _____
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* 

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