R/V ATLANTIC EXPLORER

Request for Isotope Use on Vessel

Primary Project Name:				
Ancillary Project name:				
Funding Agency:				
Telephone:				
Email:				
Email:				
isotope - in addition to this form provide the manufacturer's name, model, serial number, specifications and date of the most current leak test. Describe the device and how/where it will be used. Isotope Name Activity (mCi) Physical form (sol, Liq, Gas, SS)				
	Liq, Gas, 33)			
isotope being r	equested for use. .edu			
3 f	Ancillary Proje Funding Agency Telephone: Email: Email: Isotope you are and \$35. For a facturer's name at leak test. Desire the sound and the sound are also to be a sound as a sound			

<u>Location</u> - All isotope use on the R/V *Atlantic Explorer* is confined to the UNOLS Shared Use Isotope Van. If additional locations are being requested contact ship.tech@bios.edu well in advance of the cruise dates.

<u>Authorized User</u> - Provide a description of your current level of Radiation Safety Training including dates and training facility. Indicate all previous experience with the isotopes including quantities, activities and a brief description of protocols and procedures. Include any information that you feel will help the Radiation Safety Committee evaluate your request.
