AggieRad Facility Request Form

Please complete this form and send it to AggieRad@tamu.edu.

Project Title: _____

Principal Investigator: _____

Department: _____

Person who will be using the lab: _____ UIN: _____

Payment Account (xx-xxxxxx-xxxxx): _____

Nuclides Used and Their Activities: _____

Do you have a Radioactive Material License? _____ Yes _____ No
If yes, permit number: _____

Are the nuclides and activities listed above allowed by your license? _____ Yes _____ No

Do the user(s) listed above have all of the required safety trainings? _____ Yes _____ No
Please include copies of their training records from BioRAFT and TrainTraq as attachments.

Is the AggieRad facility (Teague rooms 027 and/or 029) _____ Yes _____ No
an allowed location on your radioactive material license?

Are you requesting access to the "hot" lab? _____ Yes _____ No

Are you requesting after-hours access (outside 8:00 A.M. to 5:00 P.M.)? _____ Yes _____ No

Will your project generate waste to be left at AggieRad? _____ Yes _____ No
If yes, then please describe your needs in the comments section below.

Is any aspect of your project export controlled? _____ Yes _____ No
Export-controlled materials may not be used in AggieRad.

Check all instruments that you expect to use. See AggieRad.tamu.edu for descriptions.

_____ X-Ray Diffractometer   _____ HPGe γ Spectrometer   _____ Alpha Spectrometer

_____ Analytical HPLC   _____ Optical Microscope   _____ Radio TLC

_____ FTIR   _____ Near IR   _____ UV/Vis

_____ Fluorometer

Briefly describe the nature of your project, how many hours of time you expect to require for each instrument, and any special requirements (such as waste handling, export control, etc.):

General AggieRad Policies:

- AggieRad does NOT take possession of any radioactive material.
- Users are required to add the AggieRad facility as an authorized location on their Radioactive Material License in advance.
- Users are required to remove their radioactive material once their experiments are complete.
- Currently, export-controlled materials may not be used in AggieRad.

I affirm that all of the information above is accurate and that we will abide by all AggieRad policies.

PI Signature:_____ Date: _____

User Signature:_____ Date: _____

AggieRad Use Only Below This Line

Project approved for AggieRad use?   ____ Yes ____ No
Comments:

Signature: _____ Date: _____