



## University of Maryland Irradiator-Experimental Application

<b>Applicant Name:</b>		<b>Phone:</b>	
<b>Organization:</b>		<b>Email Address:</b>	

Provide a description of the requested experiment:

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What is the required radiation dose?

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Does the experiment involve cryogenic or flammable materials? Biological Organisms?

Cryogenics:	
Flammables:	
Biologicals:	

List the materials and chemicals to be used in the experiment. Be as specific as practicable, attach SDSs if available.

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Does the experiment present any other hazards?

Does the experiment require instrumentation cables, electrical power, gas supply, water Supply, etc.?

Is there anything else the Irradiator Staff should consider when reviewing this experiment?

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_