

**Radiation Safety Office
P.I. Annual Report 200_**

Principal Investigator: _____ **Permit #:** _____

1. Inventory:

Please list the amount of activity on hand (of the applicable nuclear substances) as of December 31, 200_.

| Nuclear Substance | Activity On Hand (: Ci or MBq) |
|--|--------------------------------|
| ^{14}C | |
| ^3H | |
| ^{32}P | |
| ^{33}P | |
| ^{35}S | |
| ^{51}Cr | |
| ^{125}I | |
| Others (please list on separate sheet) | |

2. Approved Worker List:

Please check Appendix “A” of your Nuclear Substance User Permit and note any additions or deletions.

| Additions | Deletions |
|-----------|-----------|
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3. Survey Instrumentation

Please list portable survey instruments available in your lab

| Manufacturer | Model # |
|--------------|---------|
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4. Liquid Scintillation Counters:

| Manufacturer | Model # | Room Location |
|--------------|---------|---------------|
| | | |
| | | |
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| | | |

5. Gamma Well Counters:

| Manufacturer | Model # | Room Location |
|---------------------|----------------|----------------------|
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