

TBRRI / TBRHSC Research Laboratory Radiation & Biosafety Program

*Application for Work with Radioactive Sources or Bio-hazardous Materials
Grant Pre-Approval Form*

1) Applicant: _____

2) Name of project: _____

3) Grant applied for (if applicable): _____

a. Grant deadline (dd-mm-yyyy): _____

4) This Project will use:

a. Unsealed radioactive sources (please list isotopes): _____

b. Sealed radioactive sources (please list isotopes): _____

c. Bio-hazardous materials containment level 1 (please list): _____

d. Bio-hazardous materials containment level 2 (please list): _____

5) Are you aware of any additional equipment / infrastructure / monitoring / licenses that must be in place to complete this project? Yes No

a. If **yes** please provide details and indicate if the cost will be covered by grant.

Signature: _____

Date: _____

Note: For final approval procedures for the monitoring, clean up and disposal of waste must also be appended.