

Radiation Detection Instrument Registration

Office Use Only

Amendment # _____

Permit # _____

Principal Investigator _____

Lab Contact _____

Date _____

Contact E-mail _____

Phone _____

Instrument Category _____

Portable

Moveable Plug-In

Fixed Location

Instrument:

Manufacturer _____

Model # _____

Approx. Purchase Date _____

Serial # _____

Readout Range (Scale) _____

UW Inventory # _____

Readout Units _____

Alternate ID # _____

Scale Multipliers _____

Alternate ID Type _____

Detector:

Detector Type _____

Model # _____

Manufacturer _____

Serial # _____

Describe your use of this instrument

Storage Location _____

Last Calibrated On _____

Instrument Normally Calibrated by:

- UW Radiation Safety Office
- Owner of Instrument (attach calibration procedures)
- Non-UW Institution

Non-UW Institution Contact Information