

OSU TRIGA REACTOR IRRADIATION REQUEST INFORMATION SHEET

IR #:
Project #:
Run #:
Page of

GENERAL INFORMATION

Institution:

Individual User:

Project Name:

PAYMENT INFORMATION

(OSU) Index Number:

(Non-OSU) Purchase Order Number:

Unfunded (Not Applicable)

OSU RADIATION SAFETY APPROVAL

Not Required (Non-OSU Experimenter, no RAM transfer, or A-1 Experiment)

Radiation Safety Committee Approval Number:

IRRADIATION INFORMATION

Facility:

Reactor Power/Time: [kW] [hours]

Total Neutron Fluence: [n cm⁻²]

1 MeV Equivalent Fluence: [n cm⁻²]

Remarks:

ENCAPSULATION

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BRIEF PROJECT DESCRIPTION

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EXPERIMENTER SIGNATURE

The experimenter for this IR declares that this irradiation requested falls under the guidelines of requirements given in OSTROP 18 Appendix A "Procedures for Irradiating a Sample in the Oregon State TRIGA Reactor."

Experimenter Signature Date

Experimenter License Number: ORE 90005 RUA #:

Other:

RECEIPT OF RADIOACTIVE MATERIAL PRIOR TO IRRADIATION (Staff Use Only) dB

N/A (Non-radioactive material)

Isotopes:

Activity:

Physical/Chemical Form:

Date: Time:

Receiver's signature: SHP.....

Receiver's signature: Rx Sup

OPERATIONS STAFF APPROVAL (Staff Use Only)

Senior Health Physicist Signature: Date:

Reactor Supervisor Signature: Date:

Experiment Number:

REACTOR TIME (Staff Use Only) dB

Required Irradiation Time: [hrs]

Date				
Power (kW)				
Start Time				
End Time				
Δ Time				

Total Irradiation Time: [hrs]

Remarks:

Time conversion (for CLOCIT irradiations):

Requested B1 CLICIT Time _____ [hrs]

x 1.8

= F20 CLOCIT Equivalent Time _____ [hrs]

MATERIAL TRANSFER (Staff Use Only) dB

Material transferred from License R-106 to:

ORE 90005 RUA #:

Other:

Total Radioactivity Transferred:

RAM Transfer Record Number:

Transfer Date: Transfer Time:

Shipped/received by:

Remarks: