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| **Ionizing Radiation Risk Assessment** |
| 1. **Reason for Ionizing Radiation.** Please list why you are using ionising radiation, and why no substitute is possible. |
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| 1. **Procedures to be carried out** |

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| 1. **Radionuclides being used** | | | | |
| Radionuclide | Typical activity (MBq) | | Typical number of procedures per month | Duration of work (days / weeks / months / years) |
| ordered | per procedure |
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| 1. **Please tick the relevant control measures that will be used** | | | | | |
| Non-radioactive alternatives |  | Lab coat | | |  |
| Less radioactive alternatives |  | Gloves | | |  |
| Lead Shielding (γ emitters) |  | Safety glasses | | |  |
| Perspex shielding (β emitters) |  |  | | |  |
| Security measures |  | *To minimise contamination* | | | |
| Fume cabinet |  | Segregation from other work | | |  |
| Remote handling tools |  | Work trays | | |  |
| Procedures / systems of work / local rules |  | Benchcote | | |  |
| Please provide any other relevant experimental details | | | | | |
|  | | | Yes | No | |
| Will aerosols be produced? | | |  |  | |
| Will volatile substances be used or produced? | | |  |  | |
| Will experimental animals be involved? | | |  |  | |

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| 1. **Please provide any other relevant experimental details, including who might be at risk** |
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| **It is agreed that application of the control measures specified will provide adequate management of the identified risks.** | |
| **Name of assessor:**  **Signature:** | **Date:** |
| **Name of co-signatory:** (Local Supervisor / Cambridge Supervisor/ Laboratory Manager)  **Signature:** | **Date:** |
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