1. Permit Holder: ________________________ Permit #: ____________________
2. Instructor: ___________________________ Department: _________________
3. Phone Number: _________________
4. Class Title: ____________________________
5. Dates Of Sessions In Which Nuclear Substances Will Be Used:
   _____________________________________________________________________
6. Rooms Where Above Sessions Will Be Held: ________________________________
7. Nature Of Work That Students Will Undertake:
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
8. List Nuclear Substances And Activity Of Each That A Student Will Handle:
   _____________________________________________________________________
   _____________________________________________________________________
9. List Of Students (Complete Page Two)
   
   Date: _________________________ Signature: _____________________________

   Department Chair/Head ________________________________

   Form#: RS-004
The instructor and permit holder shall be responsible for the safe use of nuclear substances by all involved.

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