**Application for access to the room for storage of radioactive waste (0115)**

**(All points must be filled out – please use capital letters)**

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| --- |
| First name: |
| Surname: |
| UiO-employee card number: |
| E-mail address: |
| Access required from (dd.mm.yyyy)  From date: To date: |
| Research group leader at IMB:  E-mail address: Telephone: mber: |

Signature of research group leader at IMB

Signature of applicant\*

X

Name/date

X

Name/date

**\* By signing this document, I have agreed to the following:**

**- To familiarize myself thoroughly, and keep myself up-to-date with, IMB’s waste disposal routines**

<https://www.med.uio.no/imb/english/about/hse/waste-disposal/general-information/index.html>

**- To ensure that the doors to the waste disposal room are locked after depositing waste**

**- To look after my access card carefully and not allow others to use my card**

**- To report to IMB’s administration immediately if I lose my access card**

**- To dispose of radioactive waste only in room 0115**

**- To fill out the log for radioactive waste when I deposit waste in room 0115.**

**The completed form should be delivered directly to the Main Reception Desk at Domus Medica.**

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| ***Sjekkliste for administrasjonen:*** | |
| *Epost sendt til vaktsentralen:* | *Svar mottatt dato:* |
| *Epost sendt korteier (kopi HMS-koord.):* | *Saksbehandlers signatur:* |