

LAB REGISTRATION FORM

Building Name _____
Room Number _____

Responsible Party Contact Info:
Phone(W) _____
Phone(Cell) _____
Email _____

Photos of area(s) where radioactive materials are located/stored.

Please paste electronically in space provided or attach physically to this form.

Photos of area(s) where equipment is located/stored.

Please paste electronically in space provided or attach physically to this form.

Attach additional forms if needed.

**Return to: Radiation Safety Officer
Louisiana Accelerator Center**