**Project / Equipment Title**

###### Contact Details

* Principal Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Phone x \_\_\_\_\_\_\_
* Budget Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Senior Technical Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Phone x \_\_\_\_\_\_
* Radiation Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Phone x \_\_\_\_\_\_\_

###### Expected Commencement Date:

###### Radiation Category

* Ionising Radiation Apparatus
* Ionising Radiation Isotope
* Laser
* Other non-ionising radiation equipment

Please complete the relevant category form, attach to this cover page and forward to the WEG for consideration by the ANU Radiation Safety Advisory Group.

###### ------ ANU Radiation Safety Advisory Group use only ---------

###### Reviewer’s comment

A site visit is *required requested not required*

* ***APPROVED***
* ***APPROVED,*** subject to the attached conditions

Name of Reviewer: Initials/signature: