RADIOACTIVE MATERIAL ACCOUNTING RECORD

Invent No:_____ **Prog No:**_____ Rec Name:_____ Bldg/Room:_____

Isotope:_____ Compound:_____ Spec. Act: _____

Orig. Act.(mCi): _____ Rep. Orig. Vol.: _____

Cat No: _____ Lot No: _____ Supplier: _____

Po No: _____ Invoice No: _____ DOT Label: _____ Meter Reading(mR/hr): _____

Remarks: _____

Initial Receipt

_____

Signature

Transfer

_____

Signature Date/Time

PROTECT YOURSELF FROM EXCESS RADIATION, INHALATION, OR INGESTION

RADIOISOTOPE INVENTORY RECORD

DATE	AMOUNT REMOVED OR DECAY CORRECTION	UNIT	AMOUNT REMAINING	UNIT	SIGNATURE

* * * * * NOTIFY RADIATION SAFETY OFFICE (EXT. PHONE 5730) PRIOR TO TRANSFER OF THIS MATERIAL. * * * * *

* * * * * FOR DISPOSAL OF THIS MATERIAL EMAIL THE RADIATION WASTE OFFICE AT: radwaste@ncifcrf.gov * * * * *

*** * * * * RETURN THIS SHEET TO RADIATION SAFETY OFFICE WHEN MATERIAL IS COMPLETELY USED OR DISPOSED. * * * * ***

Use Reverse for Additional Remarks