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: nciradwaste@mail.nih.gov * * * * *

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

Use Reverse for Additional Remarks