

RADIOACTIVE MATERIAL TRANSFER

FROM

Date of Transfer: _____

License Number: _____ Licensee: _____

Location: _____ Activity Transferred: _____ (mCi)

Physical Form: _____ Chemical Form: _____ Radionuclide: _____

G-M Survey Results: Surface: _____ 3ft: _____
(if gamma or hard beta emitter)

Wipe Test Results _____ dpm:

Transfer must have prior approval by the shipping institution RSO. RSO of the shipping institution must be notified immediately if an accident occurred during transportation before entering the property of receiving institution.

Reviewed by: _____
Shipping Institution RSO Date

TO

License Number: _____ Licensee: _____

Location: _____ Activity Transferred: _____ (mCi)

Physical Form: _____ Chemical Form: _____ Radionuclide: _____

G-M Survey Results Surface: _____ 3ft: _____
(if gamma or hard beta emitter)

Wipe Test Results _____ dpm:

Transfer must have prior approval by the receiving institution RSO. RSO of the receiving Institution must be notified immediately if an accident occurred within the property of receiving institution.

Reviewed by: _____
Receiving Institution RSO Date