UNIVERSITY OF DELAWARE
RADIOACTIVE MATERIAL RECEIPT, USE, AND DISPOSAL FORM

Permit Supervisor _____ Vendor _____ Date Received _____ Nuclide/Form _____

Catalog No. _____ Lot/Batch No. _____ Total Activity _____ Assay Date _____

Volume Shipped _____ Specific Activity _____ Storage Location _____

Results of Contamination Survey of Packing Material by Lab Personnel-- [ ] less than 100 dpm/100cm^2 [ ] over 100 dpm/100cm^2 (contact DOHS!)

INVENTORY RECORD (record in units of activity or volume)				CONTAMINATION SURVEY RECORD (perform a survey after EACH day of use)			
Date	Quantity in Use	Quantity Transferred to Waste	Stock Material On-Hand	Room Number	Areas Surveyed	Removable Contamination (in DPM)	Signature