



Environmental Health and Radiation Safety

RSD VIAL TRACKING # _____
PURCHASE ORDER# _____

APPLICATION FOR RADIONUCLIDE PROCUREMENT

- 1. Authorized User Signature _____ Print Name _____ Date _____
2. Name(s) of all persons to use radionuclide: _____ Phone _____
_____ Phone _____
All persons listed above must be registered as radiation workers with EHRS
3. Location of Use Building _____ Room(s) _____
4. Radionuclide _____ Chemical Form _____ Amount (mCi) _____
Supplier _____ Catalog # _____
5. Indicate current amount in possession: Total in mCi _____
Stock vial I.D. numbers _____
6. Remarks _____ Date Required _____

EHRS PERSONNEL ONLY

Expected Delivery Date _____ Approved & Ordered By _____ Date _____
Date Received _____ Time of Assay _____ Lot # _____
Number of Vials _____ Activity in Each _____ mCi

Survey Meter Used:

Model # _____ Serial # _____ Calibration Date _____

Background Radiation Level _____ mR/hr

Package Radiation Level: _____ mR/hr at surface of Package _____ mR/hr at 1 meter from Package

Wipe Test Results:

Instrument Model# _____ Serial # _____ Calibration Date _____

Background _____ cpm External Package _____ dpm External Pig _____ dpm Source Vial _____ dpm

Health Physicist Signature _____ Date _____

Received and placed in authorized storage by:

Signature: _____ Print Name: _____ Date: _____

REMARKS: