

Radioactive Material Receipt and Use Record

Approval Number:**Isotope:****Chemical Form:****Total Volume:****Concentration:****Receipt Date:****Assay Date:****Ordered Activity:****Vial Wipe Test:****Vial Dose @ Contact:****Vial Dose @ 1 ft.:**

Date	User Name	Use (mCi, μ Ci or μ l [*])		Disposal (mCi, μ Ci or μ l [*])				Comments
		Used	Amt. Left	Dry	Aqueous	LSC	Other	

* If " μ l" is used, make sure you record Concentration and Total Volume on top of form.

Detailed instructions and blank forms can be found at: www.orst.edu/dept/radsafety