

INNOVATION FOR A HEALTHIER PLANET

## **Radioactive Material Order and Receipt Form**

This form must be completed by the individual accepting shipment of radioactive materials and sent to the Radiation Safety Officer or designee within 24 hours of receipt.

## Order Information

Principal Investigator	Date of Order	Date Needed	Manufacture/Vendor
Radioisotope	Chemical Form	Activity Ordered	Amount Ordered

Radiation Safety Officer (or designee):

Date:

**Receiving Information** 

Date and Time Received/Activity Received	Name of Person Receiving Package	
Purchase Order Number	Visual Inspection (Pass / Fail)	

## Outer Package Survey

Dose rate at one meter	Dose rate at contact	Outer package wipe test
mR/hr	mR/hr	dpm/100 cm2

## Inner Package Survey

Dose rate at contact	Primary container wipe test	
mR/hr	dpm/100 cm2	

Survey Performed By:	_ Date:
Reviewed By (RSO):	Date:

Action Levels : Dose Rate:

		0.5
mR/hr		
	2200	

Wipe Test Results:

DPM/100 cm-2