

APPENDIX F
UNIVERSITY OF NORTH FLORIDA RADIATION SAFETY PROGRAM
RADIOACTIVE MATERIALS RECEIPT

Receiver Signature: _____	Date: _____
Authorized User: _____	Date: _____
Radiation Safety Officer: _____	Date: _____

Date Received: _____	Received By: _____
Authorized User: _____	Department: _____

1. RADIOACTIVE MATERIAL

Radioisotope: _____ Form: _____ Activity: _____
Manufacturer: _____

2. INSPECTION RESULTS

Verify that the package is undamaged except for superficial defects such as marks or dents.

Label (White 1, Yellow II or Yellow III): _____ Number of Packages: _____

3. SURVEY RESULTS

Package(s) monitored within three hours of receipt.

Model/Serial Number of Survey Meter: _____

Dose Rate @ Surface _____ mR/hr Dose Rate @ 1 meter _____ mR/hr

4. WIPE TEST RESULTS

Wipe test package for removable contamination

Removable Contamination _____ dpm