

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