

APPENDIX G
UNIVERSITY OF NORTH FLORIDA RADIATION SAFETY PROGRAM

RADIOISOTOPE QUARTERLY INVENTORY

DATE OF INVENTORY: _____ INVENTORY BY: _____
AUTHORIZED USER: _____ BUILDING/ROOM #: _____
RADIOISOTOPE: _____ PHYSICAL FORM: _____
INITIAL ACTIVITY RECEIVED (mCi): _____ CURRENT ACTIVITY (mCi): _____
DATE RECEIVED: _____ MANUFACTURER: _____
AUTHORIZED USER SIGNATURE: _____

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AUTHORIZED USER: _____ BUILDING/ROOM #: _____
RADIOISOTOPE: _____ PHYSICAL FORM: _____
INITIAL ACTIVITY RECEIVED (mCi): _____ CURRENT ACTIVITY (mCi): _____
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