UNIVERSITY OF DELAWARE
RADIOACTIVE MATERIAL RECEIPT, USE, AND CONTAMINATION SURVEY RECORD FORM

Permit Supervisor _____ Vendor_____ Date Received _____ Nuclide/Form _____

Catalog No. _____ Lot/Batch No. _____ Total Activity _____ Assay Date _____

Volume Shipped _____ Specific Activity _____ Storage Location _____

Results of Contamination Survey of Packing Material by Lab Personnel-- [ ] no contamination found [ ] contamination was found and DEHS was contacted (831-8475)
(See reverse for package survey instructions)

| INVENTORY RECORD (record in units of activity or volume) | | | | CONTAMINATION SURVEY RECORD (Perform a survey after EACH day of use. See reverse for instructions.) | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | Quantity in Use | Quantity Transferred to Waste | Stock Material On-Hand | Room Number | Areas Surveyed | Areas are free of removable contamination? (If NO, note details on reverse) YES | NO | Initials of Surveyor |
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