

RADIATION SAFETY PLAN

APPENDIX F

RSO-3

NOVA SOUTHEASTERN UNIVERSITY

RADIOACTIVE MATERIAL TRANSFER FORM

1. The Radiation Safety Officer (RSO) must approve all radioactive transfers.
2. Complete all sections of this transfer form. Requests will be delayed if the form is not complete.
3. Transfer request forms must be received by Environmental Health and Safety Office and approved by RSO prior to isotope transfer.
4. Mail or fax the completed form to ___ - ___ - ___, Call ___ - ___ - ___ if you have questions

Fax: () ___ - ___

Authorized User (first and last name)		Department	
Person to Contact if Questions or Problems	Contact Person Phone	Delivery Address (room and building)	

Authorized User to receive the isotope	Department Name	Phone Number
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Request to transfer				Only one item per row may be listed on this form.	
1	Radio-Labeled Compound	Isotope	Quantity	Unit Activity (mCi)	Requested Delivery Date
2					
3					
4					
5					

How much delay is acceptable for isotope transfer? ___ Days.	
Date of Request: _____	Requesting Person's Signature: _____
Notes:	

RADIATION SAFETY PLAN

APPENDIX G

RSO-4

NOVA SOUTHEASTERN UNIVERSITY

RADIOACTIVE MATERIAL REQUEST FORM

Return this form to the RSO or FAX to _____ - _____ by 3:00 pm for same day ordering.

Date: _____

Name: _____ Authorized User: _____

Building: _____ Room #: _____

Vendor: _____ Date item(s) needed by: _____

Contact Phone #: _____ Fax #: _____

P.O. number: _____

Purchase Card: _____ Approved by: _____

Qty.	Radionuclide	Chemical compound	Supplier	Catalog #

Receipt (RSO use only)

Date of receipt: _____ User: _____

Package condition: Okay _____ Damaged/ Wet _____

Nuclide: _____ Chemical form: _____

Transport Label: None White Yellow-II

External Rad. Surface level: _____ mR/hr Calib. Date: _____

Background wipe: _____ Lot #: _____

Activity: _____ mCi Quantity: _____