

RADIOACTIVE MATERIALS INVENTORY FORM

Name of Authorized User: _____

Building and Room Number(s) _____

Date: _____ Inventory Start Date: _____ Inventory End Date: _____

A. Amount of Radioactive material on hand at the start of the above time period.		
RADIONUCLIDE	ACTIVITY	DATE

B. Amount purchased or otherwise acquired during above time period.		
RADIONUCLIDE	ACTIVITY	DATE

C. Amount disposed of during above time period. Except for sewer and hood releases, all radioactive material must be disposed of via EH&S. State disposal method: (EH&S, decay, sewer, hood). Include copies of release records for disposals via hood or sewer. If no release, indicate below.						
RADIONUCLIDE	ORIGINAL ACTIVITY	DECAYED ACTIVITY	EH&S	SEWER	HOOD	DATE

D. Amount on hand at the end of the above time period. (A + B - C = D)		
RADIONUCLIDE	ACTIVITY	DATE

Signature of Authorized User: _____ Date: _____