RADIOACTIVE MATERIALS: TRANSFER - USE - WASTE DISPOSAL LOG

All transfers must be pre-approved by Radiation Safety (EHS).

The receiving lab is responsible for obtaining permission from EHS prior to the transfer. The receiving lab must also complete and retain this form in their Radioactive Material Use Records. Additional copies of this form can be obtained from Radiation Safety (EHS) or by photocopying on yellow paper.

SECTION 1: MATERIAL DESCRIPTION *(TO BE COMPLETED BY LAB RECEIVING ISOTOPE)* **TRANSFER ID NUMBER:** T

Lab Transferred from ______ Lab Transferred to ______ Date Transferred ______

R ______ Receipt ID Number

______ Chemical Form

______ Radionuclide

______ mCi Activity Transferred

SECTION 3: USE RECORD *(COMPLETED BY LABORATORY)*

INSTRUCTIONS

USE
Make an entry every time material is used.

TRANSFERS
All transfers must be pre-approved by Radiation Safety (EHS).

When indicating a transfer enter "Transfer" followed by the receiving lab and the EHS permission code in the Disposition / Use column (i.e. "Transfer to Smith lab #T01234") and enter the amount transferred under Amount Used

If the receiving lab does not have a code - they don't have permission.

The receiving lab is responsible for obtaining permission from EHS prior to the transfer. The receiving lab must also complete a Transfer Receipt and Use Log available from Radiation Safety (EHS)

Entry by: (Initials)	Date	Disposition / Use (If transfer enter Permission Code)	Amount (µL)	Amount (mCi)			
			Used	Used	To Dry Waste	To Liquid Waste	Remaining in Vial

Comments: [ ] Continued on Back

SECTION 4: WASTE SUMMARY *(COMPLETED BY LABORATORY)*

Complete when all material has been used, decayed, disposed or transferred:

	Decayed	Dry Waste	Liquid Waste	Other (Please specify)
Activity:	mCi	mCi	mCi	mCi

______ Signature ______ Name (Printed) ______ Date

Material Description *(Completed By Laboratory)*

Radionuclide: ____________________ Chemical Form: ____________________ Date Received: ____________________

Section 3: Use Record Continued *(Completed By Laboratory)*

Entry by: (Initials)	Date	Disposition / Use (If transfer enter EHS Permission Code)	Amount (µL) Used	Amount (mCi) Used	Amount (mCi) To Dry Waste	Amount (mCi) To Liquid Waste	Amount (mCi) Remaining in Vial
						Amount Remaining from Front:	

Comments: