



Florida Atlantic University Environmental Health & Safety

Request for Radioactive Material

(Please Attach a Separate Copy of this Form for Each Isotope Requested)

Principal Investigator/User:					Date:				Date Requested By:		
Bldg:	Room #:	Email: Ph			one:			Fa	Fax:		
Radionuclide) :	Chemical Compound:							Activity:		
Physical Form:		Supplier:			Catalog #:				P.O.#:		
RSS#:		Date:			Approved By:						
RECEIPT											
Transportati	on Label:	Trans. Ind			ex: Condition:						
□ None □	White [Yellow-II			□OK □Damaş				ed/Wet		
Radiation Le	vel:				Wipe Test Result:						
Survey Meter			Seria	al#			Counter:				
Inventory#: Reference			Date: Lo			Lot #:					
Survey performed by:					Date surveyed:						
Delivered to:					Date:						
USE LOG/DISPOSAL											
Date Amount used			Aı	mount	Rema	Remaining Amo			ount to Waste Initials		
			1								
				•	-		-				
			1							1	

When amount remaining in source vial is 0, place vial in bag, attach completed RSO-3 and call EHS for disposal at (561)297-3129.

RSO-3 4/26/05