

**Sealed Source Inventory  
(Semi-annual)**

Authorized User:	Date Inventory was performed:
Department:	Phone:
Bldg/Room #:	Email:

Please list each sealed source in your possession.

<b>Manufacturer</b>	<b>Model</b>	<b>Serial #</b>	<b>Isotope</b>	<b>Activity (mCi)</b>	<b>Location (Bldg/room)</b>	<b>Date Received</b>

Authorized User

Signature:	Date:
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Radiation Safety Officer

Signature:	Date:
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