QUARTERLY RADIOACTIVE MATERIAL PHYSICAL INVENTORY

DEPARTMENT: ____________________________  DATE OF INVENTORY: ______________________

APPROVED USER: __________________________ REPORTED BY: ___________________________

LOCATION OF SOURCES ON THIS INVENTORY: BUILDING ___________ ROOM NO. _________

I VERIFY THAT THE INFORMATION IN THIS INVENTORY IS CORRECT AND IN COMPLIANCE
WITH APPROPRIATE STATE AND FEDERAL REGULATIONS:

________________________________  __________
(Signature of Approved User) Ext.

( ) Check here if inventory remains the same except for decay.

( ) Check here if you wish the Radiation Safety Office to contact you.

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(See Directions on Back)
DIRECTIONS

**Department:** Department of the Approved user, i.e., Biochemistry, Medicine, etc.

**Date of Inventory:** The actual date the inventory was taken.

**Approved User:** Name of person approved to order isotopes.

**Reported by:** Name of person making out the inventory sheet.

**Location of Sources on this Inventory:** The actual place (building and room number) the isotope is in at the time of the inventory. (A separate sheet is required if isotopes are in two different areas.)

**Verification Signature:** Signature of Approved User verifying accuracy.

**Isotope:** The name of the radionuclide, e.g., I-125, H-3, C-14, etc.

**Chemical and Physical Form:** Chemical form, e.g., Thymidine, amino pyrine, etc. Physical form, e.g., liquid, gas, sealed source, tubes, micrad, etc.

**Method of Obtaining:** List purchase order number and date receive. If sample, write who sent you the isotope and date received.

**Amount in Microcuries:** Use microcuries *only.*
- Originally Received: Amount at time of receipt.
- On Hand to Use: Amount in lab at time of inventory corrected for decay.
- On Hand as Waste: Amount of waste in the lab at time of inventory.