APPENDIX L
RSO - 9

Nova Southeastern University

RADIOACTIVE MATERIALS MONTHLY INVENTORY RECORD FORM

Authorized User:_____ Location:_____ P.O.#:_____ Vendor: _____

Radionuclide:_____ Inventory Control #:_____ Chemical Form:_____ Source/Lot #: _____

Date Received: _____ Quantity(mCi):_____ Volume: _____

Specific Activity:_____ Date Delivered:_____ Account #: _____

USE RECORD			**TRANSFER AND DISPOSAL RECORD – List all quantities in millicuries (mCi)**							
Transfers from shipping vial/stock solutions			**Date**	**Sewer**	**Other – Decay, Transfer to another A.U. (Specify)**	**Quantity transferred to waste containers for pick-up by RSO**				
Date	**Removed (mCi)**	**Remaining (mCi)**				**Liquid Waste**	**Animal Carcasses**	**Dry/Solid Waste**	**Liquid Scintillation Vials**	**Notes/ Remarks**