



UNBOUND RADIOIODINE INVENTORY CONTROL FORM

LOCATION	RADIOISOTOPE	SHIPMENT
Permit Number: _____	Isotope: _____	Date received: _____
Permit Holder: _____	Product: _____	Received by: _____
Lab number: _____	Supplier: _____	Package information verified on receipt: _____ (initials)
Storage location: _____	Total activity: _____	Package checked for Contamination: _____ (initials)
1 Vial/Kit or sample set per control sheet	Volume: _____	Record and report any anomalies to the Project Supervisor and Health Physics.
	I.D. #: _____	

Date	Quantity used Units _____	Quantity remaining Units _____	Disposal (μ Ci or KBq)		Thyroid Screening		User's Initials
			Solid	Liquid	Net Count (1 minute)	Date	

Product holder (i.e. lead/plastic) checked for radioactive contamination and provided to Health Physics.	
Final date of disposal: _____	Initials: _____