



# UNSEALED RADIOISOTOPE INVENTORY CONTROL FORM

LOCATION	RADIOISOTOPE	SHIPMENT
Permit Number: _____	Isotope: _____	Date received: _____
Permit Holder: _____	Product: _____	Received by: _____
Lab room number: _____	Supplier: _____	Package information verified on receipt: _____ (initials)
Radioisotope 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		User's Initials
			Solid ( $\mu\text{Ci}$ or KBq)	Liquid ( $\mu\text{Ci}$ or KBq)	

**Product holder (i.e. lead/plastic) checked for radioactive contamination and provided to Health Physics.**

**Final date of disposal:** \_\_\_\_\_ **Initials:** \_\_\_\_\_