

**ENVIRONMENTAL HEALTH AND RADIATION SAFETY DEPARTMENT
APPLICATION FOR RADIONUCLIDE PROCUREMENT**

1. Authorized User Signature _____ Print Name _____ Date _____
2. Name(s) of all persons to use radionuclide: _____
_____ Phone _____
_____ Phone _____
All individuals listed above must be registered as radiation workers with EHRS
3. Location of Use Building _____ Room(s) _____
4. Radionuclide _____ Chemical Form _____ Amount (mCi) _____
5. Supplier _____ Catalog # _____
6. Indicate current amount in possession: Total in mCi _____
stock vial I.D. numbers _____
7. Remarks _____ Date Required: _____

-----**EHRS PERSONNEL ONLY**-----

Expected delivery date _____
Approved after Committee Action _____ Date _____

Date Received _____ Time of Assay _____ Lot # _____

Radiation level: _____ mR/hr at surface of Package _____ mR/hr at 1 meter from Package _____
Survey meter used: Model# _____ Serial# _____ Background radiation level _____

Radiation level: _____ (cpm) at surface of package.(use NaI 1mm crystal for I-125, GM for P-32, C-14 and S-35)
Number of Vials _____ Activity in each _____ mCi _____
Health Physicist: Signature _____ Date _____

RSD Leak Test Results in DPM.

Instrument _____ External package _____ Secondary container _____

Primary container _____ Background _____

Received and placed in authorized storage by:

Signature: _____ Print Name: _____ Date: _____

REMARKS: