

Radioactive Material Disposal/Transfer

DISPOSAL **TRANSFER**
(check one)

Complete this section for all disposal/transfer.

Material Transferred From:

Authorized User: _____

Building: _____

Laboratory #: _____

Radioactive Material: _____

Description: _____

Quantity: _____ (μCi, mCi)

Volume (Weight): _____

Radionuclide(s): _____

Approved By: _____
(From)

Complete this section only if Transfer.

Material Transferred To:

Authorized User: _____

Building: _____

Laboratory #: _____

Approved By: _____
(To)

Date Completed: _____