

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES**

 1111 West 17th
Tulsa, OK 74107

Project Authorization # _____

RADIATION MATERIALS RECEIPT REPORT

(COMPLETE AND SEND A COPY OF REPORT AND RECEIPT TO THE RADIATION SAFETY OFFICER, OFFICE OF RESEARCH; PLACE ORIGINAL IN RADIATION LOG)

(The package must be inspected upon arrival and surveyed within 3 hours of receipt)

Date Received: _____ Authorized User: _____

 Package type: Exempt _____ Radioactive I _____ Radioactive II _____ Radioactive III _____
(check one)

Package Received by: _____ Isotope: _____

Activity (mCi/ml): _____ Total Activity (mCi): _____

Lot#/Batch#: _____ Date on Isotope Container: _____

Product Name: _____

 Condition of Container: Leaking _____ Major damage _____ Minor damage _____ No damage _____
(check one)

Date and Time of Survey: _____

 Type of Survey: Wipe test (^3H , ^{14}C) _____ Radiation Meter (higher energy isotopes) _____
(check one)

Location	Reading: DPM/100cm ² _____ mR/hr _____ (check one)	Comments: e.g. crushed, broken, decontaminated
Background/Blank		
Outside of Box		
Inside of Box		
Radioisotope packaging		

CHS: activity over 20 mR/hr on contact or 1 mR/hr at 1 meter requires decontamination.
CHS: activity over 200 DPM/100 cm² minus background requires decontamination; area with activity > 1000 DPM/100 cm² minus background is classified as a contamination area; contact RSO.
DPM = (CPM - background CPM) ÷ Efficiency

Radioactive Material placed in (lab and specific location): _____

 Information transferred to RS-7, 'Radiation Materials Accountability Record' yes _____ no _____
(check one)

Signature & Print Name of Person Surveying: _____