Radioactive Material Inventory Form

Due date: **Return to Gordon Krueger - mail code 0197**

DATES OF SUMMARY PERIOD : **to**

Radioactive Material	Location, room number	Quantity at Beginning of Period (uCi)	Form	Date	Supplier	Surveyed on Receipt YES / NO	Total Quantity on Hand at End of Period (uCi)	Quantity Disposed (uCi)	Method of Disposal

(9/19/18)

NAME OF AUTHORIZED USER _____

SIGNATURE _____ **DATE** _____