

**When to Use this Form**

To document receipt of incoming radioactive material.

Form:



# Incoming Radioactive Material RECEIPT REPORT

RUA Holder \_\_\_\_\_

RUA No. \_\_\_\_\_

PCN # _____ <small>Lab ID      User Ref. #      RSO Ref. #</small>	Receipt Date _____
P.O. # _____ (or Invoice #)	Radionuclide _____
Vendor _____	Quantity _____ mCi (Total Activity)
Chemical Form _____	Physical Form <b>Vial</b> <b>Kit</b> <b>Foil</b> _____ <small>Other</small>

**RECEIVING INSTRUCTIONS:**

1. First check the physical condition of the package.
2. Survey the package with a GM survey meter and take a wipe sample of the contents.
3. Report any survey results > 2x background to the RSO.
4. Fill out all of the information.
5. Keep this "Receipt Report" in the lab's 'red' records binder.
6. **Send a copy to the RSO**

**DISPOSAL INSTRUCTIONS:**

1. Survey the shipping package.
2. If survey results are above 'background', the package **MUST** be treated as radioactive waste.
3. If results are indistinguishable from 'background' (<70 cpm), then you may
  - a. recycle to vendor OR
  - b. dispose in non-radioactive trash

**IMPORTANT!**

- **Remove all radioactive markings on package** before disposal by recycling or in non-radioactive trash.
- To recycle or trash, package must be **EMPTY**.

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Is the package in good condition?**     YES     NO

(e.g., not damaged, leaking, or unsealed)

Are there any problems?     NO     If YES, describe: \_\_\_\_\_

Who was the carrier? \_\_\_\_\_      Date notified \_\_\_\_\_

Action taken \_\_\_\_\_

**2. Survey the package for contamination or radiation leaks.**

Exposure Rate

Background \_\_\_\_\_ mR/hr  
@ Surface \_\_\_\_\_ mR/hr  
@ 1 meter \_\_\_\_\_ mR/hr

Wipe Test

Background \_\_\_\_\_ cpm  
Empty Package \_\_\_\_\_ cpm  
RAM Container \_\_\_\_\_ cpm

**3. Enter material details from the container label.**

a. Does the packing slip agree with the actual contents?    YES    NO

Specific Activity \_\_\_\_\_ / mmol      Lot# / Serial # \_\_\_\_\_

Solvent Type \_\_\_\_\_      Volume (or mass) \_\_\_\_\_

Radiochemical \_\_\_\_\_      Rad. Units on label \_\_\_\_\_

Concentrated Activity \_\_\_\_\_ /mL      Assay Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Specify location where materials will be used or stored.**    *Circle One*

Bldg/Room \_\_\_\_\_    Counter    Cabinet    Shelf    Refrigerator    \_\_\_ Freezer

**5. Check method used to dispose of packing materials**

Radioactive Waste     Non-Radioactive Trash     Recycle to Vendor

**6. Certify receipt of package**

Package was checked in by \_\_\_\_\_  
Print Full Name      \_\_\_\_\_  
Signature

Print out of the wipe test is attached    YES    NO

**For RSO Use Only**

Received "Receipt Report" on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials \_\_\_\_\_