



NOVA SOUTHEASTERN UNIVERSITY

ENVIRONMENTAL HEALTH AND SAFETY

APPENDIX G

RSO-4

RADIOACTIVE MATERIAL REQUEST FORM

Return this form to the RSO

Date: _____

Name: _____ Authorized User: _____

Building: _____ Room #: _____

Vendor: _____ Date item(s) needed by: _____

Contact Phone #: _____ Fax #: _____

P.O. number: _____ Approved by: _____

Qty.	Radionuclide	Chemical compound	Supplier	Catalog #

Receipt (RSO Use Only)

Date of Receipt: _____ User: _____

Package Condition Circle: Okay or Damaged/ Wet Comments: _____

Nuclide: _____ Chemical form: _____

Transport Label: None White Yellow-II

External Rad. Surface level: _____ mR/hr Meter Calib. Date: _____

Background wipe: _____ Lot #: _____

Activity: _____ mCi Quantity: _____

Received by (print): _____ Signature: _____

Delivered to: _____