UNIVERSITY OF FLORIDA
Radioactive Material Transfer Record

PRIOR APPROVAL OF RADIATION CONTROL DEPARTMENT REQUIRED BEFORE ANY TRANSFERS ARE INITIATED

SHIPPER: _____ _____
Principal Investigator Co-Worker

Department: _____ Ext: _____

Room Number: _____ Bldg: _____

Shipping Date: _____

License No: _____

Approved by: _____ Date: _____
Radiation Control Officer

RECEIVER: _____ _____
Principal Investigator Co-Worker

Department: _____ Ext: _____

Room Number: _____ Bldg: _____

Shipping Date: _____

License No: _____

Approved by: _____ Date: _____
Radiation Control Officer

Radioactive Materials Description

Item No.	Radio-nuclide	Physical Form	Activity (mCi)	Radiation Levels	
				Surface	3 ft.

WHITE-Shipper's Copy CANARY- Shipper's Radiation Control Copy PINK-Receiver's Copy GOLD-Receiver's Radiation Control Copy