

UNIVERSITY OF FLORIDA

On Campus Radioactive Material Transfer Record

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

Principal Investigator Transferring (Print)

Signature

Department: _____

Phone: _____

Room Number: _____

Bldg: _____

Date Transferred: _____

Principal Investigator Receiving (Print)

Signature

Department: _____

Phone: _____

Room Number: _____

Bldg: _____

Date Received: _____

License No.: _____

Approval: _____

Date: _____

Radiation Control

Radioactive Material Description				Is this a single transfer or part of a series of scheduled transfers? Explain below
Item No.	Radio-nuclide(s)	Physical Form	Activity	