

RADIOISOTOPE INVENTORY FORM

Permit Holder _____

Permit Number _____

Department _____

Room No. _____

Isotope _____

Purchase Order Number _____

Lot Number _____

Amount Purchased _____

Date dd/mm/yy	Initial of Handler	Amount used (uCi)	Amount Disposed of or Decayed (uCi)	Amount Remaining (uCi)

Please indicate method(s) used for disposal: