**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  (μCi) | Amount Disposed of or Decayed (μCi) | Amount  Remaining (μCi) |
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Please indicate method(s) used for disposal: