

**Old Dominion University
Radioactive Material Receipt Report**

Authorized User: _____ **Department:** _____

Order Information

Vendor: _____ **Ordered By:** _____

| Catalog No. | Radionuclide | Activity (mCi) | No. | Form |
|-------------|--------------|----------------|-----|------|
| | | | | |
| | | | | |

Receipt Information

A. Package Receipt:

Date: _____ Time: _____ By: _____

Shipper: _____

B. Condition of Package:

No visible damage Package damaged (describe): _____

C. Label:

Exempt (White) Radioactive I (Yellow) Radioactive II TI= _____

(Yellow) Radioactive III TI= _____

D. Measured Radiation Levels:

N/A Package surface: _____ mR/h At 1 meter: _____ mR/h

E. Removable Contamination Survey Results:

N/A Outer packaging: _____ net dpm Source container: _____ net dpm

Package Disposition

Delivered (Building): _____ **Room No.:** _____

Signature: _____ **Date:** _____

Inventory adjusted: _____ By: _____