

This radioactive status report must be completed and returned with quarterly Radioisotope Report to the Radiation Safety Officer.

Name (s) of radioisotope user: _____

Laboratory (room number) _____

Telephone _____

Radioisotope: _____

Date of Disposal	Activity Disposed	Method of Disposal

Radiation Safety Coordinator

_____/_____/_____
Date Received

University Radiation Safety Officer

_____/_____/_____
Date Received