

**UNIVERSITY OF NORTH DAKOTA**  
**RADIOISOTOPE RECEIVING FORM**

This form must be completed within 3 hours of receipt of any package labeled "radioactive". For non-labeled packages this form must be completed when the package is opened. The completed form must be sent to the RSO as soon as possible.

**Authorized User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requisition Order No.:** \_\_\_\_\_ **Requisition Order Date:** \_\_\_\_\_

**RADIOISOTOPE INFORMATION**

Principal Radioisotopes	Physical and Chemical Form	Activity ( $\mu$ Ci, mCi, Ci)

**Survey of incoming shipment**

**Date Received:** \_\_\_\_\_

Upon receipt the integrity of the package was intact.

YES  NO

The contents of the inner package agrees with the isotope and quantity listed on the packing slip.

YES  NO

If the integrity of the package was not intact or if the contents of the inner package disagrees with that given on the packing slip contact the RSO immediately.

**Required for all packages:**    **Contamination Survey Results** (Attach printout)

Package Exterior \_\_\_\_\_ **cpm/wipe**

Contact the Safety

Inside Contents \_\_\_\_\_ **cpm/wipe**

Office immediately for  
readings over twice

Blank \_\_\_\_\_ **cpm/wipe**

background

**\*Required for I-125, P-32,**

**and all damaged packages:**    **Radiation Intensity of Container**

3 feet from shipping container \_\_\_\_\_ **mrem/hr**

surface of shipping container \_\_\_\_\_ **mrem/hr**

surface of inner container \_\_\_\_\_ **mrem/hr**

\*Required for all gamma emitters and isotopes with beta energy greater than 800 Kev including Cl-36.

**Storage location: Room** \_\_\_\_\_ **Building:**  Med. Science North  Starcher  \_\_\_\_\_

**Signature of person completing survey:** \_\_\_\_\_ **Date:** \_\_\_\_\_