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**RADIOACTIVE SHIPMENT RECEIPT FORM**

**1. Authorized User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be named on WesternU’s Radioactive Material License)**

**2. Radioisotope: \_\_\_\_\_\_\_ Compound: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount (curies): \_\_\_\_\_\_\_\_\_\_**

**3. Condition of package on receipt: [ ]  Ok [ ]  Other (explain):**

**4. Do packing slip and vial contents agree? a. Radionuclide [ ]  Yes [ ]  No**

 **b. Amount [ ]  Yes [ ]  No**

 **c. Chemical Form [ ]  Yes [ ]  No**

 **For boxes marked No, explain:**

**5. Survey Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Surveyor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Radiation level of primary shipping container upon receipt:**

 **Geiger Müeller results (125I; 32P; 51Cr):**

 **a. Package surface: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mRem/Hr**

 **b. 3 feet or 1 meter from surface: \_\_\_\_\_\_\_\_\_\_\_\_ mRem/Hr**

 **Swipe test results (3H; 14C; 45Ca; 35S, 125I; 32P; 51Cr): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cpm**

**7. Radiation level of secondary containers:**

 **Swipe test results (3H; 14C; 45Ca; 35S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cpm**

 **For 125I; 32P and 51Cr, Geiger-Mueller + swipe test must be performed.**

 **Geiger Müeller results: \_\_\_\_\_\_\_\_\_\_mRem/Hr Swipe test results: \_\_\_\_\_\_\_\_\_\_ cpm**

**8. Storage location of item (refrigerator/freezer, etc.) & room #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. What was done with any contaminated packaging material? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. If Carrier notification is required, give the time, date and persons notified:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**