

University of Florida
Radiation Control and Radiological Services Department
Quarterly Radioactive Material Inventory

date: _____

PRINCIPAL INVESTIGATOR:			
DEPARTMENT:			
Building		Room	

Isotope	Present Inventory (mCi)	Location	Remarks
³ H			
¹⁴ C			
¹²⁵ I			
¹³¹ I			
³² P			
³³ P			
³⁵ S			
⁵¹ Cr			
⁶⁴⁵ Ca			
⁵⁷ Co			
⁶⁵ Zn			
²² Na			
³⁶ Cl			
⁴⁶ Sc			
⁸⁴ Sr			
⁶³ Ni			
⁵⁹ Fe			
¹⁰⁹ Cd			
²³² Th			
²³⁸ U			

Equipment Containing Radioactive Material	Manufacturer	Location
Liquid Scintillation Counter		
Gamma Counter		
Portable Survey Meter		
Gas Chromatograph w/ECD		
Nuclear Gauge		

	NO RADIOACTIVE MATERIAL IN MY POSSESSION
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Inventory completed and submitted by:		Date	
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RETURN FORM VIA CAMUPS MAIL, FAX OR E-MAIL:
Radiation Control, 212 Nuclear Sciences Center, Box 118340
Fax : 846-0489
e-mail: phyllis@ehs.ufl.edu

University of Florida
Radiation Control & Radiological Services
Quarterly Laboratory Personnel Listing
 date: _____

PRINCIPAL INVESTIGATOR:			
DEPARTMENT:			
Building		Room	

Contact Person			
Phone		e-mail	

Radioactive Material User's Name	Position/Classification	Approved RC-1 on file Yes/No
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
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		<input type="checkbox"/> yes <input type="checkbox"/> no
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		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

I attest to the fact that the above named individuals are properly trained to use radioactive materials.

NAME
DATE

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