

UNIVERSITY OF FLORIDA

On Campus Radioactive Material Transfer Record

PRIOR APPROVAL OF RADIATION CONTROL DEPARTMENT  
REQUIRED BEFORE ANY TRANSFERS ARE INITIATED

Principal Investigator Transferring (Print)

Signature

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Room Number: \_\_\_\_\_

Bldg: \_\_\_\_\_

Date Transferred: \_\_\_\_\_

Principal Investigator Receiving (Print)

Signature

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Room Number: \_\_\_\_\_

Bldg: \_\_\_\_\_

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

License No.: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Radiation Control

Radioactive Material Description				Is this a single transfer or part of a series of scheduled transfers? Explain below
Item No.	Radio-nuclide(s)	Physical Form	Activity	