

Notification of Radioactive Material Transfer

Environmental Health & Safety Fax No.: 882=7940
(Please fax to MU EHS before the transfer takes place)

Date Transferred: ____/____/____

FROM Authorized User Name: _____

Auth. No.: _____ Location: _____
(Please print) (Room & Building)

TO Authorized User Name: _____

Auth. No.: _____ Location: _____
(Please print) (Room & Building)

Requirements -- Authorized Users must be authorized for the isotope and amount being transferred. Notice of ALL transfers of radioactive materials must be faxed to EHS by the receiving Authorization. Transfer cannot involve transport with any vehicle (contact assigned HP if vehicle is needed).

Isotope(s) Transferred	Inventory Number (if known)	Activity Transferred (mCi) (Decayed to Date of Transfer)	Is Authorization Limit Exceeded? (Circle yes or no)	Package Labeled and No External Contamination
1.			yes no	
2.			yes no	
3.			yes no	

(Note that transfer amount plus current possession cannot exceed the authorizations limit)

Contact Person: _____

Receiving Auth. No.: _____ Telephone No.: _____
(Please print)