REGISTRATION FOR EXEMPT AND GENERALLY LICENSED SEALED SOURCES

Complete and Return to the Radiation Safety Office, Box U-4097

REGISTRANT INFORMATION

Name: ____________________________
Department: ____________________________
U-Box: ____________________________
Telephone #: ____________________________

RADIOACTIVE MATERIAL INFORMATION

Source Manufacturer: ____________________________
Source Model #: ____________________________
Source Serial #: ____________________________
Source Lot #: ____________________________
Radionuclide: ____________________________
Activity: ____________________________
Assay Date: ____________________________
Source Location:
Campus: ____________________________
Building: ____________________________
Room #: ____________________________

INFORMATION ON DEVICE CONTAINING RADIOACTIVE MATERIAL (if applicable)

Manufacturer: ____________________________
Type of Device: ____________________________
Model #: ____________________________
Serial #: ____________________________

*****RADIATION SAFETY USE ONLY*****

Database Updated: ____________________________
Disposed/Transferred to: ____________________________
Date: ____________________________

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