

## Isotope Receipt Form

**NOTE: Gloves must be worn to handle the package until the wipe test results have been completed!**

Isotope Received:	Date:
Activity Received (mCi):	Purchase Order Number:
Do the Purchase Order and Packing Slip agree? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, contact RSO).	
Visual Inspection of Package: <input type="checkbox"/> Crushed? <input type="checkbox"/> Damaged? <input type="checkbox"/> Leaking? <input type="checkbox"/> Undamaged	Exposure Rate (mR/h) 1 Meter: _____ mR/h At Surface: _____ mR/h
Condition of Source Container: <input type="checkbox"/> OK? <input type="checkbox"/> Leaking?	Wipe Results: Outside Package: _____ dpm Outer Container: _____ dpm Final Container: _____ dpm
Disposition of Packing Material:	
Isotope Stored Where? (Building and Room Number)	

Form Completed By: