RADIOACTIVE MATERIAL INVENTORY

DUE DATE:_____ **RETURN TO MEGAN YASUDA - MAIL CODE 0150**

DATES OF SUMMARY PERIOD :_____ to _____

Radioactive Material	Location, room number	Quantity at Beginning of Period (uCi)	Form	Date	Supplier	Surveyed on Receipt YES / NO	Total Quantity on Hand at End of Period (uCi)	Quantity Disposed (uCi)	Method of Disposal

NAME OF AUTHORIZED USER _____

SIGNATURE _____ DATE _____