ENVIRONMENTAL HEALTH AND SAFETY

Radioisotope Inventory Form

Permit Holder:_____ **Permit Number:** _____

Isotope:	Chemical Name:
Supplier:	Activity received:
Catalogue No:	Date received:
Room No:	Volume (μl):

Inspection of the package/vial:

Test method: LSC Survey Meter _____ Other Method _____

Measurement of the wipe test:_____

Background:_____

DATE USED	CONSUMED VOL/ACTIVITY	ON HAND VOL/ACTIVITY	USER'S FULL NAME