

Radiation Safety Program

Inventory Record for Radioactive Sealed Sources

Name of Applicant or Permit Holder					
Name (First, MI, Last):			Permit N	lumber:	Date:
Equipment / Radioactive Source Description Check the box that best describes the equipment or radioactive source. Moisture/Density Gauge or Hydroprobe Electron Capture Detector Well Logging Source					
X-ray Fluor Source	escence	Other Fixed Gauge	Oth	ner Portable Gauge	Instrument Counting Standard
Meter Chec	ck Source	Gamma Source	Be	ta Source	Alpha Source
Neutron So	urce	X-ray Source	Во	ne Densitometer	Other (Describe):
Equipment Information NOTE: If the item is an irradiator, moisture/density gauge, hydroprobe, bone densitometer, or x-ray fluorescence unit, list the device's model and serial number in the spaces below. If the item is an electron capture detector (ECD), record the ECD information in these spaces; do not list the gas chromatograph information.					
Manufacturer:			Model Number:		Serial Number:
Purchase Order Number:			PO Date:		Receipt Date:
Purchase Order Information If the equipment is a new purchase, fax or mail a copy of the purchase order, and pertinent manufacturer's information such as source descriptions and original leak test information. NOTE: If the sealed source containers have individual model and serial numbers, record those numbers in the space provided. If the item has only one set of model and serial numbers, record that information in the Equipment Information section above. Record the isotope and activity information for all sources in the space below.					
	Isotope:		Assay Date:	Model No: (If available)	Serial No: (If available)
Isotope 1		()		(2.72.102.10)	(1. 274114515)
Isotope 2					
Irradiator Sources: Indicate the number of individual sources supplied with the irradiator.					