

**Radioactive Material Receipt and Monitor Log**

Date of Delivery: \_\_\_\_\_ Time of Delivery: \_\_\_\_\_ am pm

Date of Survey: \_\_\_\_\_ Time of Survey: \_\_\_\_\_ am pm

Survey Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Probe Type: \_\_\_\_\_

Background Reading: \_\_\_\_\_

Radiation Level at 3 feet (1 meter): \_\_\_\_\_

Radiation Level at Package Surface: \_\_\_\_\_

	Yes	No
Condition of Package OK	<input type="checkbox"/>	<input type="checkbox"/>
Packing Slip Correlates to Order	<input type="checkbox"/>	<input type="checkbox"/>
Packing Slip Correlates to Package Contents	<input type="checkbox"/>	<input type="checkbox"/>
Integrity of Final Source Containers OK	<input type="checkbox"/>	<input type="checkbox"/>

SCN	Isotope Name	Activity

	Yes	No
Contamination of Packing Materials/Source vials	<input type="checkbox"/>	<input type="checkbox"/>

In no removable contamination is found, obliterate labels and dispose of packing materials in regular trash. If contaminated, treat as radioactive waste.

Comments \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_