

FORM 160 RADIOACTIVE MATERIAL DELIVERY AND USAGE RECORD (9/12)

AUI Name _____ PO # _____
 AUI # _____ Item # _____
 Order Date _____ Order # _____
 Radionuclide (Chemical Form) _____ Order Line # _____
 Description _____ Activity _____ mCi
 Comments _____ Delivery Date _____

**INVESTIGATOR'S RESPONSIBILITY
 UPON RECEIPT OF PACKAGE
 (WAC 246-221-160(5)):**

Regulations require individuals receiving shipments of radioactive materials to monitor the inside of packages in order to detect a leaking container. After opening the package, wipe the outside of the smallest inner container (or alternatively, the packing materials immediately adjacent to the innermost container) and count the wipe sample with an appropriate instrument. Record results below. If contamination is found, take appropriate steps to control and remove contamination. Further ensure that packaging materials are free of contamination and that radioactive labels are defaced prior to their disposal into the normal waste stream.

RESULT OF WIPE SAMPLE:

Survey performed by _____ (Initials)

No contamination found

Contamination above background

_____ cpm

DISPOSAL RECORD

Summarize estimated activity for each type of use or disposal. *Retain a copy of this form for 5 calendar years after disposal of material!*

Collected by RSS	mCi
A. Animal Carcasses & Waste	_____
B. Solid Dry, LSA Box	_____
C. Absorbed Aqueous Liquid	_____
D. LSC Vials	_____
E. LSC Bulk Fluid	_____

Released to Environment

F. Sewer	_____
G. Released to Atmosphere (Requires prior approval from Radiation Safety)	_____

Other

H. Administered to Humans	_____
I. Decayed	_____
J. Holding for Decay (For at least 10 half-lives, only if half-life < 100 days.)	_____
K. Other (describe or circle type) Not received; Returned to vendor; Long lived unusable storage	_____

Transferred To AUI _____

Date of Transfer _____

To: Tech Contact _____

Bldg _____ Room _____

Transferred To Non-UW Entity _____

Subtotal _____

Activity Remaining and/or Reusable Product

Started New Form 160 _____

Must equal activity received as shown above **Total** _____

Contact Person _____
 (Print Name)

Date _____ Box # _____ Phone _____

RETURN TO: Radiation Safety Section, Box 354400

LABORATORY USE ONLY - CARRY TOTALS TO FRONT OF SHEET

Date	Activity	Type of Disposal	Initials of User