

RPR 13C. RADIOISOTOPE DISPOSITION RECORD

Inv. #: _____ User #: _____ Responsible User: _____
 Department: _____ Location: _____
 PO/Ref. #: _____ Nuclide: _____ Initial activity: _____ millicuries
 Date: _____ Description: _____

1. Record all transfers and disposals of the material listed above.
Multiple disposals may be combined for periods not exceeding one week.
2. **EACH ENTRY SHOULD BE EXPRESSED AS A PERCENTAGE OF THE INITIAL QUANTITY LISTED ABOVE.**
 Activity units may be used if decay corrected and specified clearly.
3. **For each disposal to a radwaste container or package, THE RADWASTE TAG NUMBER MUST BE ENTERED AND THE TYPE OF WASTE MATERIAL CIRCLED.** The quantities reported on inventory disposition records will be checked against activities entered on radwaste tags.
4. **Transfer to another user or location must be approved in advance by the RSO and recorded below. FOR TRANSFER TO ANOTHER U OF U RESPONSIBLE USER, INDICATE THE RU# AND THE NEW RPR13 INV# FOR THE TRANSFER.**

Categories: S = to Sewer; T = Transfer to another U of U responsible user; A = Animal waste;
 D = Dry waste or sharps; F = Flammable or other hazardous liquid;
 N = NHNT liquid (bulk or vials)

<u>Date</u>	<u>Circle One Category</u>	<u>Waste Tag No. or Name of Recipient</u>	<u>Amount</u>	<u>Circle One Unit</u>	<u>Signature</u> <u>1st Time Initials</u>
-----fold here-----					
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____
_____	S T A D F N	_____	_____	% μCi mCi	_____

Transfers to non-University User: Name of recipient: _____ Location: _____

Date approved by RSO: _____ Complete RPR 14VA or 14LQ for non-University recipients.

Responsible User Signature: _____ **Date:** _____

When completed, sign the form, fold with return address visible; mail to Radiological Health.

Return Address
RADIOLOGICAL HEALTH DEPARTMENT
UNIVERSITY OF UTAH
75 S. 2000 E. - RM 322
CAMPUS ADDRESS - 322 RAB