RadSafe 11a

INSTRUCTIONS FOR COMPLETING QUARTERLY INVENTORY FORM

1) Review the enclosed inventory printout entries. The columns appearing are as follows:
   a) radionuclide
   b) compound (may be abbreviated)
   c) vendor (may be abbreviated)
   d) date shipment received
   e) activity received, in millicuries (mCi)
   f) activity in laboratory still to be used, either in stock vials, in experimental setups, preparations or useful
      samples, in mCi
   g) activity in lab waste, in mCi
   h) total activity transferred to EHS from this shipment (do not decay correct this value)

NOTE: If you routinely decay correct your values for amounts on hand, please indicate this on the inventory form.

2) Record results of review:
   a) If the entry is correct, place a check mark or an "x" in the left margin by the line item.
   b) If a correction is required, make the correction directly on the form next to the entry by drawing a single
      line through the incorrect information, and writing in the correct information on the form.
   c) If additions to your inventory have been made as of the date you perform your inventory, enter the
      appropriate information at the end of the list.

3) If you have transferred waste to EHS during the quarter, review the waste transfer summary section.
   a) If the entry is correct, place a check mark or an "x" in the left margin by the line item.
   b) If a correction is required, make the correction directly on the form by the entry by drawing a single line
      through the incorrect information, and writing in the correct information on the form.
   c) If a transfer has been made as of the date you perform your inventory, enter the information at the end of
      the list.

4) Sign and date the inventory form in the spaces provided.

5) Return the inventory form to the Division of Radiation Safety by the third Friday of the first month of the
   quarter.

6) See an example of a completed form on the next page. The form will be sent to you, filled out by DRS as our
   records indicate your activity received, waste picked up, etc.

If you have any questions concerning these instructions or the form, call DRS at x5289.
RadSafe 11

QUARTERLY INVENTORY FORM

Authorized User's Name: ___________________________________________

Radioactive Materials Quarterly Inventory Printed:

<table>
<thead>
<tr>
<th>Radionuclide</th>
<th>Compound</th>
<th>Vendor</th>
<th>Date Rec'd</th>
<th>mCi Rec'd</th>
<th>On hand mCi</th>
<th>In lab waste mCi</th>
<th>mCi to CBARS</th>
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</tbody>
</table>

TOTAL INVENTORY:

Notes:

Waste Transfers during quarter:

DATE    Radionuclide  Amounts (indicate if transfer activity is decay corrected)

DATE____________  SIGNED_______________________________________________