

RPR 13A RADIONUCLIDE PACKAGE ARRIVAL REPORT

INV.# _____ Program # _____ Responsible User: _____

Dept.: _____ Location: _____

P.O./Ref. # _____ Nuclide: _____ Initial Activity: _____

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.

Categories: S=Sewer T=Transfer
 A=Animal D=Dry or sharps
 F= Flammable liquid
 N=NHNT Liquid (bulk or vials)

Date	Circle One Category	Waste Tag No. or name of Recipient	Amount	(1st time)		Signature
				Circle	Units	Initials
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
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_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____
_____	S T A D F N	_____	_____	% μ Ci	mCi	_____

For transfers: Name of recipient: _____ Locations: _____

Date approved by RSO: _____

User Signature: _____

Date: _____

When completed, sign the form and return to ISU Technical Safety Office Stop 8106

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INV.# _____ Program # _____ Responsible User: _____

Dept.: _____ Location: _____

P.O./Ref. # _____ Nuclide: _____ Initial Activity: _____

Date: _____ Description: _____

This package contains _____ other items: Nos. _____ - _____
Verify every item and return all RECEIPT & VERIFICATION forms, but
ONLY ONE PACKAGE SURVEY is required.

This inventory item is in _____ packages.
Return all attached RECEIPT & VERIFICATION forms.
Only one DISPOSITION form (attached) is to be completed

Exposure Rate Survey Results:

<0.5 mrem/hr at surface
or: _____ mrem/hr at surface
_____ mrem/hr at 1 meter
If >50 at surface or
if >1 at 1 meter, label
should be Yellow II or III.

Contamination Survey Results:

<2000 net dpm/100 cm² direct
or: _____ net dpm/100 cm² on wipe
Above results by survey meter.
Recipient to be notified by phone
if contamination is found on wipe
by liquid scintillation count.

PACKAGE OPENING INSTRUCTIONS:

1. Assume that container and packaging materials may be contaminated.
2. Open in hood, if possible; wear gloves; work over absorbent paper.
3. Use shielding and tongs for energetic beta or gamma emitters.
4. Monitor thoroughly for contamination, including packaging materials, work area, clothing, hands, etc.
5. Survey the inner container for removable contamination:
Wipe with a small piece of filter paper and check the paper for activity.
Use liquid scintillation counter for low-energy betas such as H-3, gamma counter for Cr-51, I-125 etc., or portable survey meter for energetic beta emitters such as P-32. Report results below.
6. Verify that the material description, nuclide, and activity listed above are correct, or make corrections as necessary.

WIPE TEST RESULT: _____ net cpm, by Survey Meter or Sample Counter

PACKAGE RECEIVED IN GOOD CONDITION? Yes _____ or describe:

DESCRIPTION ABOVE IS ACCURATE OR HAS BEEN CORRECTED.

Opened, surveyed, and verified by: _____ Date: _____

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 by liquid scintillation count.

“RADIOACTIVE” vehicle placards required to transport packages with YELLOW III labels.

Instruments*	Model	Ser. No.	Calib. Date	Efficiency
Contamination:	_____	_____	_____	_____
Exposure rate:	_____	_____	_____	_____
Liquid Scint.:	_____	_____	_____	_____

* (Instrument identification, calibration data, and efficiency are on file in ISU Technical Safety Office)

Wipe results:	Count time	Total count rate	Background	Net count rate
Survey meter:	_____	_____ + _____ cpm	_____ + _____ cpm	_____ + _____ cpm
LS counting:	_____ min	_____ cpm (all channels)	_____ cpm	_____ cpm

If incorrect labeling is suspected, or if any contamination is found on the package, notify the recipient promptly.
 If personal or vehicle contamination is suspected, notify the Radiation Safety officer immediately. Any required
 notifications to the carrier or regulatory agencies is to be made by the RSO

Package survey by: _____

Original - Initiated and retained by ISU Technical Safety Office

Copies to send with the package (s):

RADIONUCLIDE DISPOSITION (RPR 13C) for each package and/or item.