

CLEVELAND STATE UNIVERSITY
Office of Environmental Health and Safety

RADIOACTIVE MATERIAL
INTER LABORATORY TRANSFER FORM

Authorized User _____ Date _____

Original Location (Building/Laboratory Number) _____

Isotope/Activity Transferred _____

Amount transferred _____

Authorized User Receiving material _____

New Location (Building/Laboratory Number) _____

NOTE: *The radioactive waste should be recorded on the waste log of the user **receiving** the*

RAM. This form should be put in the Note Book with the Use Logs.

Authorization RSO /ARSO _____

Date _____