RSO-3
Rev.:0

Albert Einstein College of Medicine

Record of Radioactive Material

Investigator: _____ Department: _____ Building: _____ Room: _____

Radioisotope: _____ Chemical Form: _____ Date Received: _____

Amount Received	Date of Use	Amount Used	Date of Waste Disposal	Manner of Disposal (list amount under appropriate category)					Balance Remaining
XXXXXXX XXXXXXX	XXXXXXX XXXXXXX	XXXXXXX XXXXXXX	XXXXXXX XXXXXXX	Dry Solid Waste	Sink Disposal	Collected Liquid Waste	Scintillation Vials	Animal Carcasses	XXXXXXX XXXXXXX