RS-11 / Radioactive Material Inventory

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Authorized User / Permit Information

Authorized User: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Radiation Use Permit No.: _____

Authorized location(s): _____

Inventory period: _____ Last updated: _____

SECTION 2 – Radioactive Material Inventory

Maintain a current record of radioactive material subject to NMT inventory requirements from receipt through final disposition. Include material in active use, storage, transfer, and radioactive waste until final pickup or disposition by Radiation Safety.

Radionuclide / Material	Source ID / Serial No.	Activity / Quantity	Receipt / Reference Date	Location	AU / Custodian	Status / Disposition

Radionuclide / Material	Source ID / Serial No.	Activity / Quantity	Receipt / Reference Date	Location	AU / Custodian	Status / Disposition

Inventory Column Guidance

Column	Enter
Radionuclide / Material	Nuclide and material/source description
Source ID / Serial No.	Source ID, manufacturer/serial number, if applicable
Activity / Quantity	Current activity or quantity
Receipt / Reference Date	Date applicable to the reported activity/quantity
Location	Building, room, and storage location
AU / Custodian	Responsible Authorized User or custodian
Status / Disposition	In use, stored, transferred, waste, disposed, as applicable; include date/reference when relevant

SECTION 3 – Inventory Status / Reconciliation

Applicable inventory reviewed against permit/license limits: ☐ Yes ☐ No ☐ N/A

Discrepancies identified**:** ☐ Yes ☐ No

RS-11A physical inventory verification completed**:** ☐ Yes ☐ No ☐ N/A

Inventory updated following receipt / transfer / disposal**:** ☐ Yes ☐ No ☐ N/A

RSO review required: ☐ Yes ☐ No

Comments / reconciliation: _____

_____

SECTION 4 – Record Review

Authorized User: _____ Date: _____

Printed Name: _____

RSO signature: _____ Date: _____

Printed Name: _____