RS-13 / Radioactive Material Purchase / Acquisition Request

Instructions: Complete this form and submit it to Radiation Safety at RSO@nmt.edu **before ordering, purchasing, accepting, or otherwise acquiring radioactive material**. Radioactive material shall not be ordered or acquired without prior Radiation Safety review and approval. The requested material must be authorized under an applicable NMT Radiation Use Permit and NMT radioactive-material license or other applicable authorization before acquisition.

Date: _____

Requisition number: _____

SECTION 1 – Requestor / Authorization Information

Authorized User: _____ 900#: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Radiation Use Permit No.: _____

Intended use location (building / room): _____

SECTION 2 – Supplier / Source Information

Acquisition type:

☐ Purchase

☐ Transfer from another institution

☐ Donation

☐ Loan

☐ Other: _____

Supplier / institution: _____

Contact name: _____

Address 1: _____

Address 2: _____ City, state, ZIP: _____

Phone: _____ Email: _____

SECTION 3 – Material / Acquisition Information

Item	Qty.	Radionuclide	Activity per Unit (with units)	Total Activity (with units)	Chemical / Physical Form	Catalog / Source No.	Unit Cost ($)	Total
1								
2								
3								
4								
5								
6								
7								
8								
							Total:	

Comments: _____

_____

SECTION 4 – Radiation Safety Review

☐ Material and activity are authorized under applicable NMT license/authorization

☐ Authorized User / Radiation Use Permit verified

☐ Requested quantity is within applicable possession limits

☐ Proposed use and location are authorized

☐ Receipt / package-monitoring requirements identified, as applicable

☐ Special storage, security, or handling requirements identified, as applicable

☐ Inventory / receipt follow-up required (RS-10 / RS-11), as applicable

☐ Additional review required: _____

RSO Determination

☐ Approved for acquisition

☐ Approved subject to conditions: _____

☐ Additional information required

☐ Not approved

RSO signature: _____ Date: _____

Printed name: _____

SECTION 5 – Purchasing Division:

Entry date: _____ By: _____

Processed date: _____ By: _____

Purchase order no.: _____