# RS-14A / Sealed Source Inventory Record

## SECTION 1 – Requestor / Authorization Information

Authorized User / custodian: _____ 900#: _____

Email: _____ Phone: _____

Department: _____ Room no.: _____

Radiation Use Permit No.: _____

Verification date: _____ Performed by: _____

## SECTION 2 – Sealed Source Inventory

**Condition / Security Review**

☐ Sources secured against unauthorized access/removal

☐ Labels / storage identification acceptable

☐ Shielding adequate

☐ No evidence of damage

☐ Source/device identification and serial number legible, as applicable

| Radionuclide | Activity / ref. date | Manufacturer / model | Serial no. | Location | Regulatory status* | Leak-test status / due | Physical verification |
|---|---|---|---|---|---|---|---|
| | | | | | | | ☐ Verified |
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***Regulatory status examples:** specifically licensed, generally licensed, license-exempt, or other status as determined by Radiation Safety

## SECTION 3 – Findings and Corrective Actions

| | |
|---|---|
| **Sources in storage / not in use** | |
| **Sources requiring leak test or other evaluation before use / transfer** | |
| **Damage, discrepancies, missing information, or other findings** | |
| **Corrective actions / disposition** | |

## SECTION 4 – Verification

Verifier: _____ Date: _____

AU / custodian acknowledgment: _____ Date: _____

RSO review: _____ Date: _____