RS-7 / Radioactive Material Transfer and Shipment Authorization Form

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: _____

Supervisor / Department Chair: _____

SECTION 2 – Transfer Type

☐ Internal transfer between NMT Authorized Users and/or authorized locations

☐ External transfer / shipment to another licensee or authorized recipient

☐ Return to manufacturer / supplier

☐ Transfer for disposal / waste processing

☐ Other: _____

SECTION 3 – Material

License Item / Permit Reference	Radionuclide	Form / Source Description	Activity / Quantity	Manufacturer / Model / Serial No.	Container / Package ID

SECTION 4 – Transfer Information

Transferor / current AU	
Current building / room	
Recipient / receiving organization	
Receiving building / room / address	
Recipient authorization to possess material verified, if applicable:	☐ Yes ☐ N/A Verified by: _____ Date: _____
Proposed transfer / shipment date	

SECTION 5 – Transfer / Transportation Review

☐ Material identity and activity/quantity verified

☐ Recipient authorization verified

☐ Appropriate containment / packaging verified

☐ Shielding provided, if required

☐ Required labels / markings applied, if applicable

☐ DOT applicability evaluated for external shipment

☐ Shipping documentation completed, if required

☐ Package radiation / contamination surveys completed, if required

☐ NMT radioactive-material inventory update required

☐ NMT radioactive-material inventory update not required

SECTION 6 – Authorized User Certification

I certify that the information provided on this form is accurate and complete. I understand that radioactive material may not be transferred from my authorized possession or location until the transfer has been reviewed and approved by the Radiation Safety Officer. For external transfers or shipments, I will comply with instructions provided by the RSO regarding packaging, handling, transportation, and transfer of the material.

Authorized user signature: _____ Printed Name: _____

Date: _____

SECTION 7 – RSO Authorization

a. RSO Determination

☐ Transfer authorized

☐ Transfer authorized subject to conditions listed below

☐ Additional information required

☐ Transfer not authorized

Conditions / comments: _____

RSO signature: _____ Date: _____

Printed Name: _____

b. Transfer Completion

Transfer / shipment completed by: _____

Date / time: _____

Shipping / tracking reference, if applicable: _____

Receipt / transfer confirmation obtained: ☐ Yes ☐ N/A

Radioactive-material inventory updated: ☐ Yes ☐ N/A

Date: _____