

Form E
Radioactive Material Use and Waste Log

Authorized User: _____ Source Number: _____ Compound: _____ Date Received: _____
 Isotope: _____ Activity: _____ Unit _____ Assay Date: _____ Volume: _____ Unit _____

Isotope	Use						Waste											
	Qty Removed ()	Date Removed	Description	Qty Left ()	Initials	✓ Removal Recorded in EHSA	Date Disposed	Waste Container Numbers/Type								Waste Description/Comments	Initials	✓ Waste Recorded in EHSA
								(choose one) <input type="checkbox"/> Percentage (%) <input type="checkbox"/> FALSE										
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