

THE UNIVERSITY OF CONNECTICUT
ENVIRONMENTAL HEALTH & SAFETY

REGISTRATION FOR EXEMPT AND GENERALLY LICENSED SEALED SOURCES
Complete and Return to the Radiation Safety Office, Box U-4097

REGISTRANT INFORMATION

Name: _____
Department: _____
U-Box: _____
Telephone #: _____

RADIOACTIVE MATERIAL INFORMATION

Source Manufacturer: _____
Source Model #: _____
Source Serial #: _____
Source Lot #: _____

Radionuclide: _____
Activity: _____
Assay Date: _____
Source Location:
 Campus: _____
 Building: _____
 Room #: _____

INFORMATION ON DEVICE CONTAINING RADIOACTIVE MATERIAL (if applicable)

Manufacturer: _____
Type of Device: _____
Model #: _____
Serial #: _____

*******RADIATION SAFETY USE ONLY*******

Database Updated: _____
Disposed/Transferred to: _____
Date: _____