FORM RC-4 (Rev. 2/15)

QUARTER

UNIVERSITY OF MIAMI RADIATION CONTROL CENTER QUARTERLY RADIONUCLIDE REPORT

ENDING DATE

NAME					TITLE				
DEPARTMENT					PHONE				
1.	Please complete the following Quarterly Radioactive Materials Inventory, being sure to reconcile any differences between it and the enclosed computer printout. The printout must also be returned. RADIOACTIVE MATERIALS INVENTORY								
	ISOTOPE	POSSESSION	STARTING	RECEIVED	DISPO	SED THIS QU	JARTER		
		LIMIT	BALANCE	THIS QUARTER	SINK *	RADIATION CONTROL	OTHER	BALANCE	
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- * Attach Form RC-11 Record of Disposal of Radioisotopes in the Sanitary Sewe
- ** Attach a copy of any Inter-License or Intra-License transfer forms and/or a complete explanation of the method of disposal.
- 2. Please attach a copy of your quarterly contamination survey results along with an annotated map of your areas approved for radioisotope use.
- 3. List the names of all personnel who use or handle radioactive materials under your authorization. Indicate by the symbol (FB) if a film badge is routinely worn. Indicate by the symbol (NP) any personnel who began activity with radioactive materials during the quarter and indicate by the symbol (T) if such activity is at the Technician level or (I) if it is at the investigator level. Attach an additional sheet if necessary.

- 4. Attach current training certificates for <u>new</u> personnel who work in your laboratory with radioactive materials.
- 5. List the names of any individuals who have left your operation during the quarter and for whom a film badge should be canceled or transferred to another laboratory.
- 6. Please attach a form RC-9, Report of Radioisotope Use in Animals, if any radionuclides were administered to animals during the quarter.
- 7. List any personnel in your laboratory who performed chemical radiolabeling with radioiodine or tritium during the quarter or who exceeded the limits for mandatory bioassay specified in the Radiation Control Manual for those isotopes. For each individual indicate which isotope(s) are involved.
- 8. List any individual, not listed above, who you anticipate will perform chemical radiolabeling with radioiodine or tritium in the coming quarter or who you anticipate will exceed the limits for mandatory bioassay specified in the Radiation Control Manual for those isotopes. For each individual indicate which isotopes are involved.
- 9. If any sealed sources of radioactivity were acquired during the quarter, list a description including manufacturer, model number, serial number, isotope, activity and location of storage for each source.