

Source Registration Form

Please Type or Print

(* Denotes REQUIRED information)

Facility name*							
Rad. Material License No					Issued by (State or NRC Region)		
Street address*							
Mailing address		Country, if not USA:					
City*		State*		Zip*		County*	
Contact name*		Email*					
Telephone*		Fax					
RSO name		Email					
Telephone		Fax					
Source manufacturer*					Is the source still in use?*		Y / N
Source Dimensions (Attach drawings/photos)					Approximate weight		grams
Source model number*			Serial number*				
Is source mounted in (or on) device?*		Y / N	Device manufacturer/model #				
Is disassembly required?*		Y / N	Is source damaged or leaking?*				Y / N
Isotope*		Original activity*		Ci	Original assay date*		
Date of last leak test					<i>Additional leak tests (a.k.a. swipe tests) may be required within 6-months of any shipment.</i>		
Is the source certified as "Special Form"?		Y / N	Special Form Certificate No.				
Comments:							

- Please fill in all required areas of this form by typing or printing legibly.
- Please register each radioactive sealed source individually.
- Use extra source information sheets as needed.
- Email completed forms to osrp@lanl.gov; or fax to 505-665-7913, "ATTN: Justin Griffin."

OSRP cannot guarantee the acceptance of the described source(s) for recovery.

<i>OSRP Use Only:</i> <input type="checkbox"/> SCATR <input type="checkbox"/> Non-SCATR <input type="checkbox"/> Large β/λ <input type="checkbox"/> Entered into database <input type="checkbox"/> Follow-up needed
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Source model number*		Serial number*	
Is source mounted in (or on) device?*	Y / N	Device manufacturer/model #	
Is disassembly required?*	Y / N	Is source damaged or leaking?*	Y / N
Isotope*		Original activity*	Ci Original assay date*
Date of last leak test* (Send copy of report with this form)		<i>Additional leak tests (a.k.a. swipe tests) may be required within 6-months of any shipment.</i>	
Is the source certified as "Special Form"?	Y / N	Special Form Certificate No.	
Comments:			

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