UCF Environmental Health and Safety UNIVERSITY OF CENTRAL FLORIDA	**Effective Date:** **04/13/2018**	**Form Number:** EHS_SOP321_FORM002 **(Form RC-6)**
TITLE: Radioisotope Inventory Log	**Responsible Authority:** Radiation Safety Coordinator	

UCF Tracking No.: _____ Date Received: _____

Isotope & Compound: _____ Activity Received: _____

Date of Use	Name of RAM Worker	Amount Used (mCi)	Amount Left (mCi)	Record Day of Use Survey/Swipe on Form RC-14

Comments: _____

Date of Final Use or Disposal _____