

**Form 10.4**

**Release for Intra-Campus Transportation of Radioactive Material**

Office of the Radiation Safety Officer

Union College, Schenectady, NY

1. Requester: \_\_\_\_\_ Date: \_\_\_\_\_

2. Point of Origin: Building: \_\_\_\_\_ Room: \_\_\_\_\_

3. Destination: Building: \_\_\_\_\_ Room: \_\_\_\_\_ Rad Waste Area \_\_\_\_\_

4. Chemical Form: \_\_\_\_\_

5. Physical Form: Liquid \_\_\_\_\_ Solid \_\_\_\_\_ Gas \_\_\_\_\_

6. Radionuclides

a. \_\_\_\_\_  $\mu\text{Ci}/\text{mCi}/\text{Ci}$

b. \_\_\_\_\_  $\mu\text{Ci}/\text{mCi}/\text{Ci}$

c. \_\_\_\_\_  $\mu\text{Ci}/\text{mCi}/\text{Ci}$

d. \_\_\_\_\_  $\mu\text{Ci}/\text{mCi}/\text{Ci}$

e. \_\_\_\_\_  $\mu\text{Ci}/\text{mCi}/\text{Ci}$

7. Description of Shipping Container: \_\_\_\_\_  
\_\_\_\_\_

8. Dose Rate at 3 feet:

Unshielded \_\_\_\_\_ mrem/hr

Shielded \_\_\_\_\_ mrem/hr

9. Dose Rate at Surface:

Unshielded \_\_\_\_\_ mrem/hr

Shielded \_\_\_\_\_ mrem/hr

10. Swipe test

a. Inner Container \_\_\_\_\_  $\mu\text{Ci}$  Beta \_\_\_\_\_  $\mu\text{Ci}$  Alpha

b. Outer Surface \_\_\_\_\_  $\mu\text{Ci}$  Beta \_\_\_\_\_  $\mu\text{Ci}$  Alpha

Comments \_\_\_\_\_  
\_\_\_\_\_

To be received by \_\_\_\_\_ Requester's signature \_\_\_\_\_

Approved: \_\_\_\_\_ (Radiation Safety Officer) Date \_\_\_\_\_

Copy 1: Accompanies SD100 Physical Facilities

Copy 2: Shipper (Requester)

Copy 3: Receiver Safety

Copy 4: To accompany shipment