

PURCHASE REQUISITION FOR RADIOACTIVE MATERIAL

UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY

This form must be completed prior to each purchase of radioactive material. It must be reviewed and signed by the [Radiation Safety Officer](#) before any order is placed. It must also be completed for transfers of radioactive material from other institutions.

Name of Purchaser: _____ (please print)
Radioisotope Permit Number: _____
Room Location in which sources will be stored and used: _____

ISOTOPE	ACTIVITY (Bq)	PHYSICAL DESCRIPTION OF SOURCE	SUPPLIER

PERMIT HOLDER SIGNATURE	
_____	_____
(signature)	(date)

RADIATION SAFETY OFFICER AUTHORIZATION	
_____	_____
(signature)	(date)