

The University of Western Ontario
The Safe Transport of Radioactive Material Form

Permit Holder: _____
Permit Number: _____
Radioisotope: _____
Activity (mCi or MBq): _____
Date of Activity: _____
Wipe test check box: (< 0.4 Bq/cm² or 120 net cpm)
Disposal Date: _____
Name _____ Signature _____

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