



# Marshall University Radiation Safety Office

## Transfer of Radioactive Materials

MARSHALL UNIVERSITY  
UNIVERSITY RADIATION SAFETY OFFICE  
ONE JOHN MARSHALL DRIVE  
HUNTINGTON, WV 25755

WARNING: Failure to comply in all respects with the applicable regulations of the Department of Transportation, 49-CFR, and all other applicable state and local regulations may be a breach of the applicable law, subject to legal penalties

### ORIGIN:

Investigator: \_\_\_\_\_ <Full Name> \_\_\_\_\_ Dept.: \_\_\_\_\_ <Department> \_\_\_\_\_

Building: \_\_\_\_\_ <Bldg. & Office # > \_\_\_\_\_ Telephone: (304) 696-XXXX \_\_\_\_\_ Date: \_\_\_\_\_ <MM/DD/YY> \_\_\_\_\_

### DESTINATION:

Investigator: \_\_\_\_\_ <Full Name> \_\_\_\_\_ Dept.: \_\_\_\_\_ <Department> \_\_\_\_\_

Building: \_\_\_\_\_ <Bldg. & Office # > \_\_\_\_\_ Telephone: (304) 696-XXXX \_\_\_\_\_ Date Received: \_\_\_\_\_ <MM/DD/YY> \_\_\_\_\_

Radiochemical Form	Activity	Number of Packages	Temporary Transfer (Yes/No)

Special handling Arrangements:

### Transferor:

I hereby certify that the contents of this consignment are fully and accurately described above and are classified, packed, marked, labeled, and in proper condition for transportation in compliance with applicable regulations

External Radiation: \_\_\_\_\_ <Full Name> \_\_\_\_\_

Inspection Date: \_\_\_\_\_ <MM/DD/YY> \_\_\_\_\_

\_\_\_\_\_  
Originating Investigator                      Date

\_\_\_\_\_  
Received By                                      Date

\_\_\_\_\_  
Transferring RSO/Designee                  Date

\_\_\_\_\_  
Receiving RSO/Designee                      Date