



Transfer of Radioactive Material (Off Campus)

This document must be completed for all out bound shipments of radioactive material
Submit a week in advance of the desired shipping date to: sandu.sonoc@utoronto.ca

Transferred from:

Empty box for transferred from information

Institution transferred to:

Empty box for institution transferred to information

Nuclear Substances Licence Expiry date
CNSC _____

Permit number: _____

Permit Holder printed name: _____

Nuclear Substances Licence Expiry date

(please provide a copy)

User name: _____

Radiation Officer or proxy printed name: _____

Signature _____

Date: _____

Phone: _____

e-mail: _____

Signature _____

Title: _____

Phone: _____

Date: _____

Isotope: _____ Total MBq: _____ Total mCi: _____ Value in Can. Dollars: _____

Chemical form: _____ Physical form: solid liquid gas

Number of containers: _____ Type: vial ampoule other (state): _____

Wipe test results for each inner container (Bq/cm²): _____

Shipping temperature: frozen (dry ice) refrigerated ambient (none)

For use in: research medical research treatment other (state): _____

U of T Radiation Protection used only

Radiation dose (µSv/hr): @external surface: _____ @1m: _____

For unpackaged instruments or article only: @ 10 cm: _____

Outer package: type: _____ wipe test (Bq/cm²): _____ Shipping class: _____ UN number: _____

Label: Excepted package I-White II-Yellow III-Yellow T.I.: _____

U of T shipping document: _____

RSO name: _____

Signature _____

Date _____