



**RAS FORM 8**

**NOTIFICATION OF TRANSFER OF RADIOACTIVE MATERIALS OR  
RADIATION PRODUCING SOURCE**

1. Authorized User: \_\_\_\_\_
2. Department: \_\_\_\_\_
3. Material or Machine being transferred and/or shipped to: \_\_\_\_\_
4. Isotope/activity: \_\_\_\_\_
5. Type of Machine: \_\_\_\_\_
6. Model Number: \_\_\_\_\_
7. Rated kVp Maximum: \_\_\_\_\_
8. Machine – Fixed or Mobile: \_\_\_\_\_
9. Present location of material or machine: \_\_\_\_\_
10. Name and affiliation of recipient: \_\_\_\_\_
11. Ship to or transfer to address: \_\_\_\_\_  
\_\_\_\_\_
12. License number of recipient (for off campus transfers): \_\_\_\_\_

Date: \_\_\_\_\_ Authorized User: \_\_\_\_\_

Date: \_\_\_\_\_ Radiation Safety Officer: \_\_\_\_\_