



RAS FORM 8

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

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): _____

Signatures:

The Authorized User certifies that all information contained herein is true and correct to the best of his or her knowledge. Authorized User agrees to transfer and ship materials in accordance with applicable DOT regulations and certifies that the recipient of RAM or radiation producing machines is licensed to possess such items.

Authorized User: Print: _____ Signature: _____ Date: _____

Radiation Safety Officer authorizes the transfer of radioactive materials or radiation producing machines and certifies review of this RAS-8 Application:

Radiation Safety Officer: _____ Date: _____