SLAC Lead Transfer Form #_____
All lead is for reuse at SLAC none may be sent to salvage
Please note ALL Lead Must Be Surveyed Prior to Transfer
Transfer form must be signed by originator and OHP

Lead to be transferred from _____ Group_____
Required for credit

Quantity and form of lead _____
Required for credit

Date/Time of transfer _____

Location of lead to be picked up_____

_____
Name of generator (please print) Signature Date

Radiological Data (initial spaces)

Radiation dose rate:

____ Lead **IS NOT** radioactive

____ Lead **IS** radioactive, Contact _____mR/hr

@30 cm_____mR/hr

Radioactive contamination:

____ Lead **IS NOT** radioactive

____ Lead **IS** radioactive, activated only, no contamination

____ Lead **IS** contaminated _____dpm/100cm^2

Gamma Scintillation

____Lead **IS NOT** Radioactive I.A.W. SLAC Criteria for Defining Radioactive Material

____Lead is Radioactive I.A.W. SLAC Criteria for Defining Radioactive Material

Instrument type	**Serial #**	**Cal. Due Date**
γ (Dose Rate, i.e. ASP-1, etc..)		
$\beta\gamma$		
Gamma Scintillation (Ludlum 18, gamma spec)		

Remarks:_____

_____

OHP Technician Name/Signature

_____

Name (please print) Signature Date

Lead received in storage by

_____

Name (please print) Signature Date