

**RADIOACTIVE WASTE DISPOSAL SHEET**

*\*You must download the PDF to your computer before you complete and hit submit*

Container: Check only one box. Use 1 disposal sheet for each container.

- SOLID CONTAINER (24 gal. fiber drum)       LIQUID CONTAINER  
 OTHER

Description: Check only 1 box.

**Do not mix LIQUID SCINTILLATION FLUID AND AQUEOUS WASTE.**

- DRY SOLID -- BURNABLE       DRY SOLID -- NONBURNABLE  
 LIQUID AQUEOUS  
 LIQUID SCINTILLATION FLUID  
 BIODEGRADABLE       NONBIODEGRADABLE  
 LIQUID SCINTILLATION FLUID -- MIXED  
 ORGANIC SOLVENTS       OTHER

| ISOTOPE(S) | ACTIVITY (uCi, mCi) | DATE | PHYSICAL FORM (solid, liquid) | APPROXIMATE AMOUNT (ml, gal) |
|------------|---------------------|------|-------------------------------|------------------------------|
|            |                     |      |                               |                              |
|            |                     |      |                               |                              |
|            |                     |      |                               |                              |
|            |                     |      |                               |                              |
| TOTAL      |                     |      |                               |                              |

AUTHORIZED USER \_\_\_\_\_ LAB ROOM NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PHONE: \_\_\_\_\_

Call the Radiological Safety Office at **4-4870/6238** and place your name on the pickup list. Radiological Safety personnel will pickup the waste as soon as possible.

**Certification:** (to be completed by each person submitting the information requested on this form) By signing this form, I certify that all information on this form and additional supporting information submitted with this form are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR RADIOLOGICAL SAFETY OFFICE USE ONLY**

Pickup Date \_\_\_\_\_ Container Number \_\_\_\_\_

Destination    \_\_\_\_\_ Sewer (Date \_\_\_\_\_)      \_\_\_\_\_ Burn No. (Date \_\_\_\_\_)  
                          \_\_\_\_\_ Storage (Date \_\_\_\_\_)      (Location \_\_\_\_\_)

WT \_\_\_\_\_

SEE ATTACHED SHEET(S) FOR ASSAY RESULTS