ENVIRONMENTAL HEALTH AND SAFETY

Radioactive Waste Disposal Form

PERMIT HOLDER	PERMIT #
PHONE	LABORATORY

DEPT: ☐ Biology ☐ Chem.Biochem ☐ Psychology/CSBN ☐ Engineering ☐ Other_____

CONTAINER NUMBER

☐ 4 litre container ☐ 20 litre pail

- Each waste container and corresponding form must be uniquely identified with a ***CONTAINER NUMBER***.
- A separate Radioactive Waste Disposal Form must be used for each waste container.
- Limit of one type of isotope for collection in any waste container.
- ***DO NOT*** apply any decay corrections to the activity of the collected waste material.
- ***RETAIN FOR LOGBOOK***, a copy of this completed, signed and dated waste form.
- ***PROVIDE FOR RSO*** at time of pick-up, a copy of the completed, signed and dated waste form.

DATE	ISOTOPE	COMPOUND	STATE (**S**)OLID /(**L**)IQUID or (**LS**) VIALS	SEALED SOURCE INFO	ACTIVITY **µCi OR MBq**

SIGNATURE:_____ **DATE**:_____