



Request for Radioactive Waste Pick-up

Please note that it is important to fill up this form prior to scheduling a pick-up

Principal Investigator: Phone: Department:

Campus: Pick up Location: Number of Packages/Containers:

Do all Packages/Containers have the required labels: Yes No (If no, please assure that all labels are in place at the time of pick-up)

Survey meter model No. Serial No. Manufacturer Background Dose Rate mR/h

Please complete all the details in the following table:

Table with 9 columns: No., Year (I or II), Location, Type (solid/liquid), ID, Isotope, Activity, Half-life of Isotope, Surface Dose Rate (mR/h), Volume/Weight, Date Package Sealed, Final Disposal Date, Other hazard (Chemical/ Bio/ None), Name of Hazardous Substance

Date Pick-up Required: Pick-up Location:

Per requirements of the FAC 64E-5.1505 I certify that all information on this form is complete and factual and is an accurate representation of the waste to be disposed.

Authorized user: Name: Signature: Date:

To be completed by EH&S:

Date received by EH&S: Reference #: Actual Pick-up Date: Picked-up by: Date of Final Disposal:

Disposed by: Surface Dose Rate at time of final disposal: Meter Model & Serial:

1 Affix label on the external surface of the packing. Do not place any radiation tag/labels inside the package. 2 Do not mix waste of different isotopes and types (solid or liquid). Enter year (and first or second half of the year), Lab #; Solid or Liquid, 3-digit sequential distinctive # of waste of each isotope for the stated half of the year, Isotope and Activity. For example: 2003 (I)-ACII351-Solid-001-I125-0.05 mCi or 2003 (I)-ACII351-Liquid-001-I125-0.05 mCi. This information should appear legibly on a radioactive material tag on each waste package/container. 3 Calculate based on 10 half-lives from the date when package was sealed. 4 State the hazard (chemical or biomedical, or none, if there is no hazard). 5 Different chemicals should not be packed in the same container.