|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prepared by** |  |  | **Laboratory** |  |
| **Signature** |  |  | **Location** |  |
| **Date** |  |  |  |  |

Please complete, sign, and submit the form to the RSO to request a radioactive waste pick-up.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prepared on** | **Waste ID#****(i.e. R23-Apr-01)** | **RUA** | **Isotope** | **Rad. Waste Category** | **Container** | **Estimated Total Activity (µCi)** | **Volume (L)** | **Weight (Kg)** | **PH value**  | **Note** |
|  |   |   |   | Choose an item.  | Choose an item. |   |   |   |  |  |
|   |   |   |   | Choose an item. | Choose an item. |   |   |   |  |  |
|   |   |   |   | Choose an item. | Choose an item. |   |   |   |  |  |
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**Note:** DO NOT apply any decay corrections to the activity of the collected waste material**. Waste ID#:** R (year collected) -(Month collected)- # ( i.e. R23-Apr-01 )