ENVIRONMENTAL HEALTH & SAFETY

Radioactive Waste Disposal Request



Date	
Contact Information	Location
Submitted by	Building Name/ Number
Phone Ext. or No.	Room Number
Permit Holder	
Permit Number	Location in Room
Type of Waste Check "ONE TYPE" only: indicate num	nber of units
O Dry waste (bags)	O "lodine bins" O Scintillation vials (flats)
If Scintillation vials "checked", did any vial contain more than 100,000 DPM activity"? (Does not apply to 3-H)	Yes \bigcirc No If yes, those vial(s) must be set aside and disposed separately.
If Scintillation vials "checked", was an "eco-scint" Yes No If no, i.e. older scintillation fluids, not acceptable. product used? All other forms of nuclear substance and radioactive souce items are considered Extraordinary Rad-Waste and require prior arrangement with the RSO for disposal.	
Indicate desired number of : Jugs: Bins/bags:	: Default is 1 to 1 replacement on bins/bags.
Waste stream composition: only one item per re	equest sheet please.
NOTE: Boxes marked with (*) MUST be completed to ensure	the pick-up of waste.
	hique tag or ntity number +*Total Activity (μCi or kBq) - (not concentration) If undetectable put "background" Comment: e.g., if "dry" indicate estimated weight
+"Background " means less than the mimium detectable activity CONFIRM: Wipe test included	
I hereby certify the above information to be	
accurate and correct:	Submitter Signature
 Extra instructions: 1. All waste in RSO-approved containers only. 2. All dry waste containers must be reasonably full, but not overflowing, or they will not be taken unless prior arrangements here made. 3. Sharps and puncturing objects (e.g. Eppendorf tips) can go into dry waste stream (bag), along with other materials, as long as they contained in University approved sharps containers. 	have o the

Please complete form, print, sign and submit to Environmental Health and Safety via fax 519-824-0364, inter-departmental mail, or in person.