

RADIOACTIVE WASTE DISPOSAL

DATE: _____

INVESTIGATOR: _____

LAB: _____

PHONE: _____

1). Bulk Liquid Waste

Isotope	RSO Control #	Total Microcuries	Aqueous (Yes or No)	% Chemical Composition (e.g. 50% Xylene)	Total Volume (liters)	FOR OEHS USE ONLY
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

2). Dry Solid Waste

Isotope	RSO Control #	Total Microcuries	Compound (e.g. Thymidine)	Waste Description	FOR OEHS USE ONLY
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

3). Scintillation Vials

Isotope	RSO Control #	Total Microcuries	Cocktail Used	Number of Trays	Type Vial (e.g. 7ml plastic)	FOR OEHS USE ONLY
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

4). Biological Waste

Isotope	RSO Control #	Total Microcuries	Type of Animal	Grams per Animal	Total # Animals	FOR OEHS USE ONLY
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

The total radioactivity of each listed radioisotope has been ascertained by calculations or laboratory counting methods, and you are requested to make disposition in accordance with Title 10, Part 20 of the Code of Federal Regulations.

Signature: _____