

LIQUID WASTE

RADIOACTIVE WASTE DISPOSAL INVENTORY FORM

INSTRUCTIONS VERIFY THAT THIS FORM IS FOR THE CORRECT PHYSICAL TYPE OF RADIOACTIVE WASTE. RECORD THE DATE, HALF-LIFE CATEGORY, ALL NUCLIDES, ACTIVITY (MCI) AND YOUR INITIALS FOR EACH DISPOSAL BAG OR CONTAINER. INDICATE UNDER "COMMENTS" ANY UNUSUAL HAZARDS SUCH AS SHARPS, TOXIC OR FLAMMABLE CHEMICALS, ETC. SEAL ALL BAGS OR CONTAINERS AND PLACE ONE BAR CODE LABEL, COLOR CODED FOR THE APPROPRIATE HALF-LIFE CATEGORY ON EACH WASTE BAG OR CONTAINER, AND THE MATCHING BARCODE UNDER THE BARCODE LABEL COLUMN BESIDE IT'S RECORDED CONTENTS. SIGN THE BOTTOM OF THE COMPLETED FORM AND REQUEST PICKUP BY CALLING 684-3210

WASTE ID LABEL	INITIALS	DATE	HALF-LIFE CATEGORY	NUCLIDES	ACTIVITY	COMMENTS
			<input type="checkbox"/> $\tau_{1/2} \leq 30$ days (^{32}P , ^{33}P , ^{51}Cr , ^{131}I) <input type="checkbox"/> 30 days $<\tau_{1/2} < 90$ days (^{125}I , ^{35}S) <input type="checkbox"/> $\tau_{1/2} \leq 90$ days (^3H , ^{14}C , ^{45}Ca , \dots)			
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SIGN BELOW INDICATING THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE

NAME OF AUTHORIZED USER

SIGNATURE OF AUTHORIZED USER OR DESIGNEE DATE

WASTE TECHNICIAN

WASTE ID LABEL	INITIALS	DATE	HALF-LIFE CATEGORY	NUCLIDES	ACTIVITY	COMMENTS
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