Stony Brook University

Radioactive Waste Disposal Record

Permit Holder:		**Container #**
Building:	Room #:	

Hazards:	**Waste type:**	**Container Vol:**	**Half-Life:**	**Important Reminders**
☐Flammable ☐Bio-hazard ☐Corrosive ☐Reactive ☐Toxic ☐None ☐Other:	☐ Solid ☐ Liquid ☐ LSV ☐Sharps ☐Other:	☐55-gallon ☐35 Gallon ☐10-gallon ☐5-gallon ☐Other:	☐>90 days ☐<90 days	1.Store waste in a secure area. 2.Keep waste containers closed. 3.Shield waste to 2 mR/h. 4.Place radioactive labels on containers. 5.Do not mix waste types. 6.Store liquid waste in secondary containment. 7.Keep 1 Waste Disposal Record per container.

Date	**Isotope**	**Activity** (uCi)	**Chemical form**	**Initials**

Sealed Date:	Total Activity:	Background mR/h:	mR/h at Surface:	Initials:

Disposal Information

Survey Date:	Background mR/h:	mR/h at 1 m:	mR/h at Surface:

Meter Used: SN: Due:	☐ Waste is below 0.05 mR/h ☐ Waste has decayed 10 half-lives ☐ Ready for RS Pick-up ☐ Third-party Disposal	Lab Signature _____ RS Signature _____