

Radioactive Waste Transaction Form

Project Director:			
Department:			
Building:		Floor:	Room:
Extension:		Campus Zip:	Date:
Type of Waste: (check services needed and the number of containers involved)			
		Quantity	Quantity
Solid:	55 gal.	_____ Deliver	_____ Pick Up
(dry)	30 gal.	_____ Deliver	_____ Pick Up
	5 gal.	_____ Deliver	_____ Pick Up
Vial:	55 gal.	_____ Deliver	_____ Pick Up
(Liquid Scintillation Vials)	30 gal.	_____ Deliver	_____ Pick Up
		_____ Deliver	_____ Pick Up
Liquid:	3 gal. Carboy	_____ Deliver	_____ Pick Up
	5 gal. Carboy		
Other Services needed: (please check)			
Area contamination forms:			
Signs			Magic Marker
Fume hood check			Labels
G.M. Calibration/Repair			Radiation Safety Training
Radioactive Waste Management Requirements:			
<ol style="list-style-type: none"> 1. Wipe test on drums 2. Estimate of radioactivity inside each container to be properly recorded 3. No pourable liquids inside dry containers 			
Please submit by email or return to:		Peter D. Babin University Radiation Safety Officer Radiation Protection Services Environmental Health & Safety Suffolk Hall, South Campus Z = 6200	