

RADIOACTIVE WASTE DISPOSAL RECORD

1. SUBLICENSEE GENERATING WASTE: _____
 2. DEPARTMENT: _____ 3. PHONE NO: _____
 4. TYPE OF WASTE: (Circle one)
 BULK LIQUID, SOLID, CARCASS, LIQUID SCINTILLATION VIALS, PRIMARY VIALS
 (Circle one) AQUEOUS, ORGANIC, NOT APPLICABLE
 5. ORGANIC: LIST CHEMICALS AND CONCENTRATION _____

PLEASE PRINT LEGIBLY

6. Enter the following information in the appropriate columns each time waste is deposited in the radioactive waste container. Use a separate line for each Isotope placed into the waste. Please indicate an approximate weight or volume in the last column for each batch of disposed waste.

DATE OF DISPOSAL	NAME	LAB NO.	ISOTOPE	ACTIVITY (mCi)	WEIGHT (gm or ml)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

[ENTER TOTAL ACTIVITY FOR EACH ISOTOPE ABOVE]					
ISOTOPE _____ : _____ mCi	ISOTOPE _____ : _____ mCi	ISOTOPE _____ : _____ mCi			
ISOTOPE _____ : _____ mCi	ISOTOPE _____ : _____ mCi	ISOTOPE _____ : _____ mCi			

SIGNATURE OF SUBLICENSEE OR TECHNICIAN _____ DATE _____
 SIGNATURE OF SAFETY PERSONNEL _____ DATE _____
 WASTE LOG NUMBER _____ BOX NUMBER _____ WEIGHT _____ VOLUME _____

DISTRIBUTION: WHITE TO SAFETY DEPARTMENT FILE, COPY TO SUBLICENSEE