

Request for Pickup of Radioactive Waste

Send form to EHS via Campus Mail (campus address 100 EHS), or FAX 335 - 4919.
If you have questions about radioactive waste, please call 335 – 4184.

1 Generator Information

Date _____

Requested By (First Name/Last Name) _____

Your Phone Number _____

Pickup Location (Room/Building) _____

Department _____

Principal Investigator (First Name/Last Name) _____

Application Number _____

2 Container Information

Number of Each	Waste Type
_____	Animals / Animal Bedding
_____	Dry Waste < 90 day half-life
_____	Dry Waste > 90 day half-life
_____	Lead Shielding
_____	Liquids
_____	LSC Vials
_____	Sealed Sources
_____	Stock Vials
_____	Sharps

3 **CERTIFICATION:** I hereby declare that the identification/description of waste is accurate and complete, and that I have made a reasonable effort to minimize this waste.

Signature _____ Date _____