

RSO -10

Nova Southeastern University
Request for Radioactive Waste Pick-Up

I. REQUEST INFORMATION:

Pickup Requester: _____ Date: _____ Ext: _____

Authorized User: _____ Waste Location: _____

II. INSTRUCTIONS:

1. Ensure each container has been properly labeled
2. Enter the following information for each container of waste:

Container #: Reference number that corresponds to the number used on radioactive waste label.

Radionuclide: Isotope present in waste. Note: For multiple isotopes/container, use separate entry for each isotope.

Activity: Activity for the isotope.

Reference Date: Activity reference date

Form: Physical form of the waste. Enter one of the following:

- Dry - Aqueous liquid - Organic liquid - Scintillation vials - Other (describe)

Quantity: Quantity of waste in each container.

3. Mail or fax a copy for the form to EHS Office.

EHS Office will call to schedule a waste pick-up.

Container #	Isotope	Activity	Ref. Date	Form	Quantity	Notes

Authorized User Signature: _____

Date: _____

~~~~~ EHS USE ONLY ~~~~~

Pick-Up Date: \_\_\_\_\_

Picked-up By: \_\_\_\_\_