

Old Dominion University

Request for Removal of Radioactive Waste

Authorized User: _____ Date: _____

		(Solid, Liquid, Carcass, Vials)	Quantity to be picked up. Bags = B, Gallons= GL, Carcass = C, Flats of LSC vials = V)	Hazardous Chemicals Yes or No If Yes, list below*
		S L C V		
		S L C V		
		S L C V		
		S L C V		
		S L C V		

RSO Use:

Date Received _____ **Total Gallons or Liters** _____

Picked up by _____ **Date picked up** _____

Waste properly labeled: _____

If not removed, state reason _____

Decayed Activity(solid only) _____ RSO ID number(s) _____

Form and radionuclide:

Solid: Glass _____ Plastic tubes _____ Paper waste _____ **Liquid:** _____ **Other:** _____

Signature _____

RSO representative

INSTRUCTIONS FOR COMPLETING THE WASTE FORM

Radioactive waste must be segregated by radionuclide, half life and physical form(solid, liquid, liquid