

Radioactive Waste Disposal Form  
Form RSM - 4

Authorized User: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Building: \_\_\_\_\_ Room # (Where waste is located): \_\_\_\_\_

Radioisotope: _____	Activity: _____ mCi
	For Uranium and Thorium only: _____ mg
Type of Waste: _____	Chemical Composition (if applicable): _____
<input type="checkbox"/> Solid	
<input type="checkbox"/> Liquid	
<input type="checkbox"/> Biological	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Sealed Source	
<input type="checkbox"/> Sewer or Gas Release	

Instructions:

1. Complete above information as required.
2. Prepare one form per container of waste, or per sealed source, or per release.
3. Make two copies of the completed form (for releases, only one copy is necessary).
4. Attach one copy to the waste container (for releases, this part is not necessary).
5. Keep one copy for your records.
6. Mail the original to the radiation safety officer.
7. Receipt of the original waste form will notify the radiation safety officer that the waste is ready to be collected or has been disposed of.

<b>Environmental Health and Safety Office Use Only</b>	
Collection Date: _____	
Exposure: _____	Meter Used: _____
Background: _____	Calibration Date: _____
Disposal Date: _____	