

UNIVERSITY OF WISCONSIN – MILWAUKEE
RADIATION SAFETY PROGRAM

RADIOACTIVE WASTE DISPOSAL FORM

Authorized User: _____ Department: _____

Date: _____ Person Completing Form: _____

A completed copy of this form must accompany all waste to be picked up and disposed of by Radiation Safety. Use a separate line for each bag or liquid waste container. Call the Radiation Safety Program at 229-4275 to schedule a waste pick-up.

Keep the ORIGINAL. Tape the copy to the waste bag or jug.

PLEASE PRINT ALL INFORMATION.

Waste Type	Nuclide	Activity	Lot #	Special Hazards
SOLIDS				
LIQUIDS				
SOURCE VIALS				
Waste Type	Nuclide	Activity	Cocktail (Brand Name)	Tissue Solubilizer (Brand Name)
LSC VIALS				

List any OTHER radioactivity disposed of since the last pick-up through radioactive decay, transfer or disposal to the sewer/atmosphere.

Radionuclide	Disposal Method	Activity (mCi)	Date Disposed	Lot #