

Radioactive Waste Disposal Request

Risk Management & Safety, 142 University Center, 593-1666. See the RMS Web Page under Radioactive Waste for additional information: www.ohio.edu/riskandsafety

Note: This is not superfluous paperwork. Information is needed for Ohio University to comply with CFR 49 parts 100 – 177, CFR 40 parts 260 – 265. These regulations are stringent and your cooperation is essential and appreciated. Please have materials packaged so that they may be moved to your satellite accumulation area.

1. Contact Information (Please print clearly)

Your Name: _____
 Department: _____
 Primary Laboratory Investigator's Name: _____

Date of Request: _____
 Building/Room: _____
 Telephone Number: _____

2. Isotope Identification:

Radioactive Waste Label Number	Isotope	Activity (uCi)	Description of Waste	Weight in Grams	Total Activity of drum: MBq (0.037 X uCi) completed by RMS

It is the responsibility of the waste generator (authorized user) to ensure contamination free container(s) prior to release to Risk Management & Safety (RMS)

Comments: _____

3. Chemical Identification(s): If waste materials consist of only gloves, paper, pipettes, or other solid disposable waste, leave this table blank.

Chemical Name	Chemical Composition	Hazardous Waste Label Number	Quantity	Physical State (check below)				Ignitability Check Below		Corrosive Check Below		Toxicity Check Below		Reactive Check Below		Listed Wastes (completed by EHS)		Is the container compatible with contents? Check Below		Is the container under pressure? Check Below	
				Liquid	Solid	Semisolid	Gas	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
USE BOX BELOW	USE BOX BELOW	USE BOX BELOW	USE BOX BELOW																		

4. List Incompatibilities (if known): _____

Completed by RMS: _____ **Pick Up Date:** _____ **SAA:** _____ **Signature:** _____