

## LIQUID RADIOACTIVE WASTE COLLECTION FORM

EH&S Inventory Number:

Principal Investigator(s)	Department	Lab Room #'s	Name/Responsible	Phone #	Amt in Liters
(print)	(print)		(print)		

Isotope	Activity (mCi/uCi)	Assay Date

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Special handling precautions:

- 1.
- 2.

List all solutes and solvents of your waste:

- 1.
- 2.

Signature of P.I./Licensee and/or Authorized Delegate. I certify that the information is correct to the best of my knowledge.

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 Signature

**FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY**

Date Picked up: \_\_\_\_\_ By: \_\_\_\_\_

Storage: (circle one) YES NO                      Location: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_