

RADIATION SAFETY OFFICE
UNIVERSITY OF VERMONT

**LIQUID WASTE ONLY
DECAY-IN-STORAGE REPORT**

Investigator: _____ Contact Person: _____ Phone#: _____

Isotope: _____ Half-life: _____ days

Room waste stored in: _____ Building: _____

BEFORE YOU START: You can only decay liquids that contain no hazardous chemicals and that the Department of Risk Management will approve to be disposed through the sanitary sewer. If you are unsure, you must contact Risk Management at ext. 65400, and ask them.

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Day of Sealing (one form for each container)

Background Sample: 1 ml of water + 5 ml of scintillation cocktail

Waste Sample: 1 ml of liquid waste + 5 ml of scintillation cocktail

Use a Liquid Scintillation Counter and Count in the Open Channel.

Container ID #: _____ Date Sealed: _____ Number of Gallons: _____

CPM/ml of water: _____

CPM/ml of liquid waste: _____

Liquid Scintillation Detector used(Brand/Model): _____

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Day of Disposal to Sewer

Stored for _____ months (is this greater than 10 half-lives? _____)

CPM/ml of water: _____

CPM/ml of liquid waste: _____

Liquid Scintillation Detector used(Brand/Model): _____

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The waste activity (CPM) must be equal to the background CPM. If it is not equal you must hold the waste for further decay.

No hazardous chemicals or radioactivity has been disposed through the sanitary sewer.

Signed: _____

Date: _____