

RADIATION SAFETY OFFICE
UNIVERSITY OF VERMONT

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

Investigator: _____ Contact Person: _____ Phone #: _____

Isotope: _____ Half-life: _____ days

Room waste stored in: _____ Building: _____

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Day of Sealing (one form for each bag)

Waste Form: **Solid**

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

CPM on bag surface: _____

Radiation Detector used: _____ Background CPM: _____

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Day of Transfer to Radiation Safety Office

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

CPM on bag surface: _____

Radiation Detector used: _____ Background CPM: _____

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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.

Please call the Radiation Safety Office to have this decayed waste picked up. Also completed Report and Log & Inventory sheet and return this to the RSO, 004 Rowell. Any questions call ext. 62570

Signed: _____

Date: _____

For RSO Use:

Date decayed waste received: _____ Net cpm of decayed waste: _____

RSO initial: _____