Investigator: ___________________ Contact Person: ___________________ Phone #: __________

Isotope: _______________  Half-life: __________ days

Room waste stored in: ___________________  Building: ________________________________

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: ________________

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: ________________

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: ___________