

**Lab Information** 

## RADIOACTIVE WASTE PICKUP REQUEST FORM



Complete the information below and submit the completed form to RADSAFE@iu.edu or fax to 317-274-2332.

Permit Holder Last Name:			Location of Pick-up (Bldg. & Room):					Department:		
Requestor Name (First & Last):			E-mail:				Phone:			
aste Information	niekod un m	ust bo indivi	طييمالير انجده	d b	olow.					
ach container to be picked up must be individually liste  Background Wipe (cpm					elow.					
Container Size	Nuclide	Activity (mCi)	Wipe (cpm)		Container Size	Nu	ıclide	Activity (mCi)	Wipe (cpm)	
1 ft <sup>3</sup> box 1 gal carboy 5 gal carboy					1 ft <sup>3</sup> box 1 gal carboy 5 gal carboy					
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1 ft <sup>3</sup> box 1 gal carboy 5 gal carboy					1 ft <sup>3</sup> box 1 gal carboy 5 gal carboy					
Nuclide:										
Initial Activity in Lab (mCi):										
Total Disposal A	ctivity in this	Shipment:								
Final Activity in I	_ab (mCi):									
Final Activity in I	_ab (mCi):	·	receiving t	his	waste pickup reque	est to	schedu	ule a waste r	oickup	

## **Supplies Requested**

We request the following supplies:

appointment between Monday – Friday during normal working hours.

	1ft <sup>3</sup> box	1 gal carboy	5 gal carboy	Box Liners	Waste Labels
Quantity:					