University of Arkansas : Radioactive Materials Waste Pick-up request

- **Laboratory Information**

Authorized user name : _____
Lab. #: _____
Lab. Phone: _____
Pick-up date (RSO will specify): _____
Pick-up by: _____

- Waste Information

Nuclide	Waste type[*1]	Container[*2]	Activity[*3]	Close Date[*4]	Notes[*5]	Storage **(RSO use Only)**

*1 Dry(Solid), Liquid, Liquid Scintillation vials, others (specify)
*2 e.g. 13G Plastic Bags, 2.5G plastic container, 100 LS vials …etc
*3 Activity contains in the waste at the time of request. Use µCi , mCi /container. Do not use CPM, Bq, DPM.
*4 Last date of waste addition or pick-up date
*5 Any other instructions, hazards (chemical, biological) need to be listed.

Fax (5-6474) or send (EH&S, Facilities Management Dept.) filled form to the Radiation Safety Officer.