



Marshall University Radiation Safety Office

Radioactive Waste Composition Record

User Name: _____ Lab # _____ Department: _____

Radioisotope: _____ Radiochemical Form: _____

Waste Type (Check One): Solid Waste Liquid Waste LSV Glass Sharps
 Other: _____

*Note: Each time waste is placed inside a radioactive waste container make an entry on this form (Form 6a). All information on each entry must be completed before the URSO will pick up the waste container. When the container is full, submit a request to the URSO for a waste pickup. This form must be attached to the waste container when it is picked up by the URSO.

****DO NOT MIX RADIONUCLIDE WASTE****

Date Waste Entered	Purchase Order Number	Amount of Waste <small>(Liquid waste in liters; Solid waste in lbs.; LSV waste in # of vials & volume /vial)</small>	Activity (mCi)	Decay Corrected (Y or N)	Radiation Worker's Initials

Total Waste _____ (gallons; lbs; vials) Total Activity _____ mCi

Date picked up: _____

