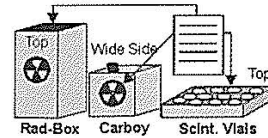


**Form Instructions:**

1. Complete entire form (sections 1-3, and if applicable section 4)
2. Scan and submit part 1 to rad@ucsc.edu
3. Place part 3 with waste container as shown. Retain part 2 for your records.



**RADIOACTIVE WASTE TRACKING FORM**

SECTION 1: LABORATORY INFORMATION

WASTE ID NUMBER: **W**

Investigator \_\_\_\_\_

Authorized User \_\_\_\_\_

Date \_\_\_\_\_

Lab Phone \_\_\_\_\_

Waste Location (Bldg. & Room) \_\_\_\_\_

SECTION 2: WASTE INFORMATION

**Start Here**

Select only one option

Dry Waste (Rad-Box)	Liquid Waste	Scintillation Vials	Other Rad. Waste
<p>If other than glass and/or lab debris contaminated with radioactivity complete the Chemical Components section (4) below.</p> <p><input type="checkbox"/> 2 ft3 RadBox</p> <p><input type="checkbox"/> 1 ft3 RadBox</p> <p><input type="checkbox"/> Other: _____ ft3</p> <p style="padding-left: 20px;"><input type="checkbox"/> Ziplock</p> <p style="padding-left: 20px;"><input type="checkbox"/> Carboard box</p> <p>Decay Start Date _____</p> <p>Radioisotope _____</p> <p>_____ mCi/box</p> <p>Activity _____</p>	<p>Complete the Chemical Components section (4) for all liquid waste.</p> <p><input type="checkbox"/> 2.5 gal carboy</p> <p><input type="checkbox"/> Other plastic container _____ gallons</p> <p>pH _____</p> <p>Decay Start Date _____</p> <p>Radioisotope _____</p> <p>_____ mCi/cont.</p> <p>Activity _____</p>	<p>Please complete and attach a separate form for each flat of vials.</p> <p>Number of vials:</p> <p><input type="checkbox"/> 100</p> <p><input type="checkbox"/> 200</p> <p><input type="checkbox"/> Other _____ vials</p> <p>Vial size: _____ mL</p> <p>Decay Start Date _____</p> <p>Radioisotope _____</p> <p>_____ mCi/flat</p> <p>Activity _____</p>	<p>Select only one option:</p> <p><input type="checkbox"/> High Activity Waste</p> <p><input type="checkbox"/> Contaminated Lead</p> <p><input type="checkbox"/> Sharps (In sharps Container)</p> <p><input type="checkbox"/> Animal Carcass (Keep Frozen)</p> <p>Decay Start Date _____</p> <p>Radioisotope _____</p> <p>_____ mCi/cont.</p> <p>Activity _____</p>

SECTION 3: GENERATORS CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge. I am aware that the law provides penalties for submitting false information.

Signature: \_\_\_\_\_  
(Authorized User)

Date: \_\_\_\_\_ Questions? email rad@ucsc.edu

SECTION 4: CHEMICAL COMPONENTS

Please list each chemical constituent (hazardous or non-hazardous) separately and include it's percent composition

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Notes: \_\_\_\_\_

SECTION 5: DISPOSAL INFORMATION (EHS USE ONLY)

<input type="checkbox"/> On-site STORAGE	<input type="checkbox"/> Entered into HPA
<input type="checkbox"/> On-site DECAY	Decay Finish Date: _____
Inst. used: Lud GM	Lud NaI
LSC	Model: _____
Rad. < 2 x Bkg.:	Flame: + / -
	pH: _____
Survey Date: _____	
<input type="checkbox"/> Off-site INCINERATION	<input type="checkbox"/> Off-site LANDFILL
Disposal Facility: _____	Transporter: _____
Shipment Date: _____	Cont. Defaced: <input type="checkbox"/> Yes
<input type="checkbox"/> Mixed-Waste	HW Tracking #: _____
(Transfer to HW Program)	Transfer Date: _____
<input type="checkbox"/> Scintillation VIALS	Drum #: _____
<input type="checkbox"/> Drum COMPACTED	Date Packed: _____