Radioactive Waste Container Contents

This container is for: **Liquid Waste**
Isotopes Allowed: **P-32, P-33, Rb-86 and others with half life <60 days**

Generator Information:

Principal Investigator_____ Department _____
Biulding/Room# _____

Please enter the following information EACH time waste is added to container.

Amount Added	Isotope	Activity mCi	Chemical Constituents & %	Date	Generator Initials
			(see other side for additional entries)		

Totals: Volume	Isotope	Activity mCi	Chemical Constituents & %	Chemical Constituents & % (cont.)

Before pick-up, each container must be tested for contamination using LSC analysis (filter paper wipe smear). LSC results for this container:

Generator Certification:

To the best of my knowledge the information submitted on this form is accurate and complete, all constituent chemicals have been listed, all ethers and other peroxide forming chemicals are properly inhibited and any biological, bio-medical, and biohazardous materials have been rendered inactive and non-infectious. The provision of false information on this form may subject the generator to criminal penalties under both state and federal laws. I also certify that I have completed Radiation Safety Training at the University of Colorado.

Form Completed By (print) _____
Signature_____ **Date**_____

FOR DISPOSAL, COMPLETE A RADIOACTIVE WASTE PICK-UP REQUEST FORM AND FAX (492-1322) OR MAIL (CB 441) TO HEALTH PHYSICS. Questions? Call Health Physics at 492-6523.