

RADIOACTIVE WASTE DISPOSAL RECORD

Project: RN-_____ Responsible Investigator (RI): _____ Room: _____ Building _____

Hazard Class: Corrosive Flammable Toxic Biohazardous Other: _____

Hazard(s): _____

Date	Isotope	Activity, μ Ci	Initials

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Do not write below this line: for Radiation Safety Personnel only

Date collected _____ Collected By _____ Batch Number Assigned RW- _____