UNIVERSITY OF LOUISIANA Lafayette

Radiation Safety Committee

Radioactive Waste
Disposal

RS Form 6

Name(s) of Authorized User _____ Telephone _____

Facility Manager _____ Building _____ Room _____

Radioisotope: _____ Half-life _____ Phys/Chem. Form _____

Date of Disposal	**Type of Waste (Check one)**	**Description** (i.e. radionuclide, dry, vials, liquid accumulation container – indicate volume in mls)	**Activity**	**User Initials**
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			
	☐ Scintillation Vials ☐ Dry ☐ Liquid			