University of Iowa Health Protection Office

Request for Pickup of Radioactive Waste
Send form to HPO via Campus Mail (campus address 100 HPO), or FAX 335-4919. If you have questions about radioactive waste, please call 335-4184.

1 Generator Information

Date ________________________________
Requested By (First Name/Last Name) ________________________________
Your Phone Number ________________________________________________
Pickup Location (Room/Building) ______________________________________
Department ________________________________
Principal Investigator (First Name/Last Name) ____________________________
Application Number ________________________________________________

2 Container Information

Number of Each Waste Type

__________ Animals / Animal Bedding
__________ Dry Waste < 90 day half-life
__________ Dry Waste > 90 day half-life
__________ Lead Shielding
__________ Liquids
__________ LSC Vials
__________ Sealed Sources
__________ Stock Vials
__________ Sharps

3 CERTIFICATION: I hereby declare that the identification/description of waste is accurate and complete, and that I have made a reasonable effort to minimize this waste.

Signature __________________________ Date ________________