

# 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 \_\_\_\_\_