

Radioactive Waste Collection Request Form

WWU Environmental Health & Safety Office

Label each container with RAM #, Isotope and Activity. Please complete this form and return to the Environmental Health & Safety office, MS 9070. Fax is 650-6514. Call 650-3064 if you have any questions. E-mail: EHS@wwu.edu

Department	Building/Room Number	Telephone	Date
------------	----------------------	-----------	------

I hereby certify that all materials referenced below are fully and accurately described, packaged, and labeled according to the procedures of the Western Washington University Radiation Protection: Principals and Practices.

Name (Please Print)	Signature
---------------------	-----------

							EHS OFFICE USE ONLY			
Solid, Liquid or Vials	Isotope	Activity (mCi)	Description of Waste (include all chemicals and/or biologicals present)	Number of Containers	Amount of Waste	RAM #	Container No.	Storage Location	Entered	Date Picked Up

Form Rc'd _____

Containers picked up: Name _____ Date _____

Rev. 05/06