RS-8 / Radioactive Waste Container and Disposal Record

Instructions: A separate form is required for each radioactive waste container. Complete this form as waste is added to the container and securely attach or maintain the form with the container. When the container is ready for pickup or disposition, complete the applicable closure information and contact Radiation Safety. Follow the radioactive-waste requirements in the NMT Radiation Safety Manual. Submit the completed form electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Generator Information

Authorized User: _____ 900#: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Person Preparing Waste Container, if different from AU: _____

SECTION 2 – Waste Container Log

Date	Waste Description / Type	Radionuclide	Activity Added	Chemical / Special Hazards	Initials

**Activity estimates should be as accurate as practicable.*

Physical form:

☐ Dry solid

☐ Liquid

☐ Sharps

☐ Source vial / sealed source

☐ Other: _____

SECTION 3 – Hazards / Controls

Longest-lived radionuclide / half-life in container: _____ / _____ days

☐ Eligible for decay-in-storage

☐ Not eligible for decay-in-storage

☐ RSO determination required

☐ No mixed waste

☐ Mixed waste specifically approved by RSO

Approval reference: _____

Chemical constituents, if applicable**:** _____

☐ Shielding required ☐ Secondary containment required ☐ Sharps container

SECTION 4 – Container Closure / Pickup Request

Estimated total activity at closure: _____

Container closed date: _____

Prepared by: _____

Date: _____

☐ Ready for Radiation Safety pickup

☐ Request evaluation for decay-in-storage

☐ Other: _____

SECTION 5 – RSO Receipt and Disposition

Waste / Container No.: _____

Date received / picked up: _____

Received by: _____

Disposition:

☐ Decay-in-storage

☐ Transfer to licensed waste processor / broker

☐ Return to manufacturer / supplier

☐ Other authorized disposition: _____

Disposition / transfer date: _____

Manifest / shipment / disposal reference, if applicable: _____

Comments: _____

_____

_____

RSO signature: _____ Date: _____

Printed Name: _____