SFSU Radiation Safety Office

Form:

RAD 1D Radioactive Waste Transfer Form

When to Use This Form
Fill out this form when a container of radioactive waste is full or ready for removal from the lab. Attach securely to container.

RUA No. _____

Instructions:
1. When ready for pickup, complete all required information.
2. Tear off original (part 1) and send to RSO.
3. Attach part 2 to the waste container securely.

SECTION 1 LABORATORY INFORMATION

"Responsible" User (RUA Holder) _____

Authorized User (print name) _____

Lab Phone _____

Bldg/Room (where waste was generated) _____

Date Waste Container Closed _____

User's Waste Tracking No. (optional) _____

SECTION 2 CHEMICAL COMPONENTS

_____ %
_____ %
_____ %
_____ %
_____ %
_____ %

SECTION 3 WASTE INFORMATION

❒ DRY WASTE

If OTHER than *glass* or *lab debris*, complete Section 2 "Chemical Components" above.

❒ Contaminated glass

❒ Standard Lab Debris
(i.e., pipette tips, paper towels)

❒ Other than glass or lab debris
_____

❒ Plastic bag ❒ Drum

❒ Cardboard box

❒ LIQUID WASTE

Complete Section 2 "Chemical Components" for all liquid waste.

❒ Glass bottle

❒ Bulk/Drum/Carboy

❒ Plastic/Acrylic Bottle

QUANTITY _____ Gallons
_____ Liters

pH _____

❒ SCINTILLATION VIALS

Please complete and attach a separate RAD-1D form for each

❒ Plastic bag OR ❒ Box of Flats

- Number of vials:
  ❒ 100 ❒ 200 ❒ _____
- Vial Size: _____ mL
- **Scintillation Cocktail Used**
  _____
  (Name on the manufacturer's label)

❒ OTHER RAD WASTE

Select only one option:

❒ Unused Stock

❒ High Activity Waste

❒ Sharps (in sharps container)

❒ Biohazardous

❒ Unneeded Samples

❒ Other
_____

RADIOISOTOPE _____ Est. Activity _____ mCi in container as of this Date _____

Survey of exterior of container ❒ Bkgd (< 200 cpm) ❒ Other result _____ Instrument Used: *(circle one →)* GM Meter Scint Counter

SECTION 4 GENERATOR'S CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge.
I am aware that the law provides penalties for submitting false information.

Signature: _____ _____
Authorized User Date

Questions? Call Radiation Safety Officer at x8-6892.

SECTION 5 STORAGE AND DISPOSAL INFORMATION *FOR RSO USE ONLY*

RSO Waste ID _____

❒ On-site STORAGE Location: VAULT SCI RTC _____

❒ On-site DECAY

Decay Finish Date _____ / _____ / _____

Survey Date _____ / _____ / _____

❒ STANDARD RAD WASTE

❒ "MIXED" WASTE Box/Drum # _____

Hazard: FLAMMABLE CORROSIVE TOXIC _____

❒ SCINTILLATION VIALS

____ H-3/C-14 (Exempt) ____ "Regulated"

Drum # _____ **Date Packed** ____ / ____ / ____