

FSU Dept. of Environmental Health & Safety • Radiation Safety Office

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FORM EHS 10-20

RADWASTE PICK-UP REQUEST

Person Requesting Pick-	<u>up</u>			
Name:		Email:		
Campus Phone:		PI/Supervisor:		
Location:Buil	ding & Room			
	6-6		3-0	
<u>Description</u> Radioisotope	Form	Activity (mCi)	No. of Containers	Replacement Container Needed?
	6-6-		3-0	
		COMMENTS		
NOTES:				
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