



FORM EHS 10-20

RADWASTE PICK-UP REQUEST

Person Requesting Pick-up

Name: _____ Email: _____

Campus Phone: _____ PI/Supervisor: _____

Location: _____

Building & Room



Description

Radioisotope	Form	Activity (mCi)	No. of Containers	Replacement Container Needed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



COMMENTS

NOTES: _____

