

Authorized User (please print legibly):	Building/Room:	Department:
	Email:	Telephone:

WASTE CONTENTS

Type (check one):     Solid     Liquid     Scintillation Vials     Carcass/Tissue

Totals by nuclide:		Chemical Compound(s) (Include % of each compound, enter brand name of scintillation fluid)	Physical Form (liquid, paper, plastic, etc.)
Nuclide	Activity (mCi)		

I hereby declare that the contents listed on this page are fully and accurately described by name, composition and quality, and that I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (Authorized User or Registered Worker)

**Please mail or fax a copy of this form to the EH&S Department (fax 334-4206) and then attach form to container for pick-up by EH&S.**

Received by EH&S:	Date:
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