

Hazardous/ Radioactive Mixed Waste Certification and Pickup Request Form Instructions

Item	Description
Name	Generator's printed name.
Signature	Generator's signature.
Fermilab ID#	Generator's Fermilab ID or payroll number.
Div/Sec	Division/ Section of Generator.
Ext.	Generator's onsite telephone extension.
Pager	Generator's onsite or long distance pager number.
Date	Date Pickup Request Form completed.
Location of Waste	Location where waste located.
Pickup #	ASSIGNED BY HCT TEAM
Div/Sec Coordinator Review	Signature of waste coordinator and date form was reviewed.
Number of Containers	Number of same type containers or items.
Container Type	Type of container, e.g., Open top drum, Bung drum, Poly bag, or carboy.
Container Capacity	Maximum container volume, e.g., gallons, quarts, or ounces.
Waste Description	Brief description of waste or chemical/ trade name.
Generating Process	Process used to produce waste.
Carcinogenic	Check box if, waste falls within Washington Administration Code (WAC) 173-303-102.
Toxic	Check box if, waste falls within Washington Administration Code (WAC) 173-303-103.
RCRA	Check box if, leachate (TCLP) from solids or contaminants contain concentrations in excess of regulated quantities in 40 CFR 261.24, IAC Title 35, 721.124 or Washington Administration Code (WAC) 173-303-101.
RCRA ID#	If RCRA box is checked, enter applicable USEPA hazardous waste ID#. e.g., D001, F002, etc.
Used?	Check YES if, waste is a process waste, chemical mixture, or a material which is altered from original manufactures specification. <i>(The Generating Process description must be completed for all USED waste.)</i>
	Check NO if, waste is an unused or partially used commercial chemical product that is not altered from original manufacturers specifications and can be characterized from its MSDS.
Phase	Physical state of the waste, e.g., LIQUID, SOLID, SEMI-SOLID, or GAS.
Tests Performed	If pH test is conducted, check box, enter results of test, date the test was conducted and the initials of the person who conducted the test.
	If a Clor-N-Oil 50 test is conducted, check box, enter results of test, date the test was conducted and the initials of the person who conducted the test.
	If a Clor-D-Tect 1000 test is conducted, check box, enter results of test, date the test was conducted and the initials of the person who conducted the test.
MSDS#	Enter Fermilab's MSDS# for the waste, then enter approximate percent of product present in the waste, and finally enter the constituent/ product name. Enter all MSDS#, percents, and constituents until 100 percent is reached. If MSDS is not found in the Fermilab MSDS collection, attach a copy of the MSDS.
Stor Loc	ASSIGNED BY HCT TEAM
Waste Vol	ASSIGNED BY HCT TEAM
RCRA Land Disposal Restriction (LDR)	Waste requiring certification or analysis for underlying constituents. If YES , fill out and attach HWSF Form #8- LDR Certification/ Notification Form. If NO , no action needed.
Package #	Package must be assigned a number and written on the container or package. (981015GI01) 98 signifies year, 10 signifies month, 15 signifies day, GI signifies generators initials, and 01 signifies first number assigned that day by that generator.
Gross Weight	Gross weight of the container and its contents.
Waste Volume	Volume of the waste in cubic feet. (55 gal drum = 9.2 cu.ft. steel box = 56 cu.ft. 30 gal drum = 4 cu.ft., etc.)
Contact Dose Rate	Highest contact dose rate of the container in mR/hr. The dose rate must also be entered on the Radioactive Waste Label.
Radionuclides	List all radionuclides that contribute more than 1% of the total activity. e.g., H-3, Be-7, Na-22, etc.
Activities	The activity of the respective radionuclides. List in curies, mCi, uCi, etc.
Sample Method	Check all methods that apply and include copies of all analytical results with request form.
Sample Numbers	Enter the numbers of all samples submitted for analysis in order to characterize the waste radioactivity or chemically.
Disposition of Waste	ASSIGNED BY HCT TEAM
Pickup Confirmation	ASSIGNED BY HCT TEAM