Fermilab
ES&H Section

Radioactive Waste Certification and Pickup Request Form

I certify that, to the best of my knowledge, the information entered below is accurate and the contents of the waste package has been checked for radioactivity and is not mixed waste (radioactive and hazardous).

Fermilab ID # _____ **Name** _____ **Signature** _____

Location _____ **Div/Sec** _____ **Ext.** _____ **Pager** _____ **Date** _____

Generator # _____ **Package Type** _____

Gross Weight _____ lbs. **Waste Volume** _____ cu.ft. **Contact Dose Rate** _____ mR/hr

Empty Package Delivery
Qty. ____ Type _____

* Radionuclides						
* Activities						

Sample Method ☐ Gamma Ray Spectroscopy ☐ Scintillation Counter (H-3) ☐ Dose Rate to Activity Conversion

Sample Numbers | | |

(Attach copies of all analytical results pertaining to the waste.)

Routine ? ☐ YES ☐ NO

Div / Sec Coordinator Review
Sign _____
Date _____

EP Pickup # _____ **Pickup Date** _____ **By** _____ **Stor. Loc.** _____

Date	Description of Waste	Approximate Weight	Generator Signature (Signature certifies that description is accurate, waste is not hazardous, and has been checked for radioactivity)	Disposition of Items
		lbs.		
		lbs.		
		lbs.		
		lbs.		
		lbs.		
		lbs.		
		lbs.		
		lbs.		

(See Reverse For Instructions)

Fermilab
ES&H Section

Radioactive Waste

Certification and Pickup Request Form Key

Item	Description
Page 1 of	Enter total number of pages
Fermilab ID#	Generator's Fermilab ID or payroll number.
Name	Generator's printed name.
Signature	Generator's signature certifying that the waste is accurate and is not mixed waste (i.e., ignitable, reactive, corrosive, toxicity characteristic, carcinogenic or containing any amount of spent halogenated or non-halogenated solvents such as Freon, acetone or methanol) and has been checked for radioactivity.
Location	Location where waste is to be picked up from.
Div/Sec.	Division/ Section of Generator.
Ext.	Generator's onsite telephone extension.
Pager	Generator's onsite or long distance pager number.
Date	Date request form completed.
Generator #	Package must be assigned a number and written on the container or package. (081215GI01) **08** signifies year, **12** signifies month, **15** signifies day, **GI** signifies generators initials, and **01** signifies first number assigned that day by that generator.
Package Type	Description of package. (i.e., 55 gal. Drum, 30 gal. Drum, steel box, poly rad. Bag, unpackaged bulk, skid or pallet, 5 gal. Carboy, etc.)
Empty Package Delivery	Request empty container delivery by entering the quantity and type of container(s).
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.
Div/Sec Coordinator Review	Signature of waste coordinator and date request form was reviewed.
Routine?	**ASSIGNED BY HCT TEAM**
Pickup #	**ASSIGNED BY HCT TEAM**
Pickup Date	**ASSIGNED BY HCT TEAM**
By	**ASSIGNED BY HCT TEAM**
Stor. Loc.	**ASSIGNED BY HCT TEAM**
Date	Date waste was placed into the container or described for unpackaged bulk items.
Description of Waste	A complete description of the waste including proper names when applicable and the materials of construction (e.g., Kautzky valve (49% stainless steel, 49% aluminum and 2% polypropylene), bellows (stainless steel), HE-150 vacuum pump oil, PVC insulated copper cable, etc.). Use as many lines as necessary to describe an item.
Approximate Weight	Approximate weight in pounds of the item or material
Signature of Waste Generator	Signature of the person that generated and described the item.
Disposition of Waste	**ASSIGNED BY HCT TEAM**

A "Radioactive Waste Certification and Pickup Request Form" (RW Form #31) is required for each package. Use a "Radioactive Waste Certification and Pickup Request Form Continuation Sheet" to describe additional waste that cannot be described on the RW Form #31. Use as many continuation sheets as needed to thoroughly describe all waste in a package.