Fermilab
ESH&Q Section

Hazardous/Radioactive Mixed Waste
Certification and Pickup Request Form

Pickup # _____
(To be assigned by HCT Team)

Div./ Sec. Coordinator Review

Sign _____

Date _____

I certify that, to the best of my knowledge, the information entered below is accurate and the contents of the waste package is radioactive.

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

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

Location _____

Number of Containers	*Container Type*	*Container Capacity*	*Waste Description, Chemical Name or Trade Name*	*Generating Process*

Check the appropriate box:

TSCA ☐

RCRA ☐

If RCRA, Enter RCRA ID#

Used? ☐ Yes ☐ No

Phase _____

Tests Performed	Results	Date	Initial
pH ☐			
Clor-N-Oil 50 ☐			
Clor-D-Tect 1000 ☐			

Is this waste a D001 through D043 hazardous waste requiring a LDR Certification or analysis for underlying constituents? ☐ Yes ☐ No

If YES, the generator must complete and attach an LDR Waste Certification Form (HWSF Form #8).

SDS#	Percent	Constituent/ Product Name

HCT TEAM ONLY

_____
Stor Loc

_____
Waste Vol

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

* 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.)

Disposition of Waste: _____

PICKUP CONFIRMATION: Waste Described above was placed in storage for disposal on _____ by _____

Fermilab
ESH&Q Section

Hazardous/Radioactive Mixed Waste Certification and Pickup Request Form Instructions

Item	Description
Fermilab ID#	Generator's Fermilab ID or payroll number.
Name	Generator's printed name.
Signature	Generator's signature.
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	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.
TSCA	Check box if, waste is PCB contaminated.
RCRA	Check box if, waste is hazardous as described in 40 CFR 260 - 279.
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. *(The Generating Process description must be completed for all USED waste.)*
	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.
SDS#	Enter Fermilab's SDS# for the waste, then enter approximate percent of product present in the waste, and finally enter the constituent/ product name. Enter all SDS#, percents, and constituents until 100 percent is reached. If SDS is not found in the Fermilab SDS collection, attach a copy of the SDS.
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. (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.
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**