RadiationSafetyDepartment
West Virginia University • Health Sciences Center • WVU Hospitals • Jefferson Memorial Hospital • Blanchette Rockefeller Neurosciences Institute
139 HSCN, PO Box 9006, Phone: (304) 293-3413, Email: radiationsafety@hsc.wvu.edu

RADIOACTIVE WASTE COMPOSITION RECORD

ARU/PI: _____ Room #: _____ Department: _____

Radionuclide Disposed: _____ Container Size (*check one*): 1 Gallon _____ 5 Gallon _____

Contents (*check one*): Solids _____ Liquids _____ LS Vials _____

Make an entry below each time waste is entered in the radioactive waste container. All information must be provided before container can be picked up. Complete a "Radioactive Waste Removal Request" and email it to radiationsafety@hsc.wvu.edu when the container is full to schedule a pickup. **Remember! DO NOT MIX WASTE**

Date Waste Entered	Purchase Order Number	Chemical Composition / pH	Total Fluid (ml)	Activity (mCi)	Radiation Worker Initials

Total Fluid _____ **(gallons)** **Total Activity** _____**(mCi)**

CAUTION: RADIOACTIVE MATERIALS

As of: 12.23.2024