Missouri University of Science and Technology

RADIOACTIVE WASTE PICK-UP FORM

Principal Investigator: _____ Person Completing Form: _____
Department: _____ Phone: _____ Building: _____ Room: _____
Date of Request: _____ Page: ____ of ____

Type of Waste (liquid or solid)	Volume	Isotope	Total Activity (mCi)	Total Grams (for U only)	Constituents (ex: solid-paper, gloves; liquid-individual chemicals; NO ABBREVIATIONS)	pH

For Waste Pick-up:

- Be sure each waste container is properly tagged.
- Fax this form to: **(573) 341-6077** or send it in campus mail to: **Environmental Health and Safety 108 Campus Support Facility**

If you have any questions about your waste pick-up please call Health Physics at (573) 341-4305

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