

# MIXED WASTE GENERATION REQUEST FORM

For RP use only

**MW Generation Request Number:**

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Complete this form in full

**A. Proposed Mixed Waste Description** [Describe the physical, chemical, and expected radiological characteristics of the mixed waste. Attach all applicable documentation describing the waste, e.g., process knowledge statement, MSDS, manufacturer's specifications, sample analysis, Hazardous Waste Determination Form, etc.):

**Generation Process:**

**Generation location/system:**

**Total Quantity and/or Estimated Generation rate:**

**Duration of Generation:**

- One Time Generation  
 Continuous  
 Other (describe):

**B. Reason for generating the Mixed Waste** [Describe the reason the generation of the mixed waste is necessary]:

**C. Alternate Methods/Materials Considered and Reason for Rejection** [Describe the alternate methods/materials that were considered to accomplish the work and the reasons why these methods/materials were rejected.]:

**D. Requestor's Certification** [By signing the form, the requestor certifies (based on process knowledge or certified records) that all information is complete and accurate to the best of his/her knowledge.]

**Requestor Name/Signature:**

**Department/Group:**

**Date:**

**Extension:**

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## E. RP Review/Evaluation

**Does the proposed Mixed Waste have an identifiable treatment/disposal path?** (If No, then the generation of the mixed waste must be approved by the Requestor's Associate Director, the ES&H Associate Director, and DOE/SSO.)  Yes  No

**Special Conditions for Generation** (List any conditions associated with the generation of the mixed waste, such as sampling requirements, maximum volume to be generated, special packaging, marking, or labeling requirements, etc.)  N/A

**Reasons/issues preventing the treatment/disposal of the waste** (List the reasons/issues preventing treatment/disposal of the waste, e.g., lack of treatment technology/disposal capacity).  N/A

### **Proposed management of the waste after it has been generated (including storage requirements):**

Transfer the mixed waste to the RP RWM Group in accordance with the requirements of the SLAC Radioactive Waste Manual, Chapter 4.

Other (describe):

**Proposed schedule for resolving the issues preventing the treatment/disposal of the waste:**  N/A

RP Name/Signature

Date:

Extension:

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<b>F. MW Generation Approvals:</b> (Required for generation of Mixed Waste without an identifiable treatment/disposal path.)		<input type="checkbox"/> N/A
<b>Requestor's Associate Director Approval</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
<b>Name/Signature:</b>	<b>Division:</b>	<b>Date:</b>
<b>ES&amp;H Associate Director Approval</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
<b>Name/Signature:</b>	<b>Date:</b>	
<b>DOE SSO Approval</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
<b>Name/Signature:</b>	<b>Date:</b>	