

**Radioactive Material Declaration Form
Exhibit to the Radioactive Waste Manual (RWM)**

RADIOACTIVE MATERIAL DECLARATION FORM

For RP use only

Container #: _____
Location: _____

For RP use only

Declaration Number: _____
Old Declaration Number: _____ [] N/A

Complete this form in full. RP cannot accept the waste/material if this form is not filled out completely and properly. Call x2823 if you have questions.

A. Item Description:		
Generation Process:	<input type="checkbox"/> Special Project <input type="checkbox"/> Facility Upgrades/Changes <input type="checkbox"/> Remediation/Excavation <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> Accelerator Equipment Upgrades/Replacement <input type="checkbox"/> Emergency or One-Time Cleanup Operations <input type="checkbox"/> Decommissioning & Decontamination
Generation location/system:		Account #: _____ Destination: <input type="checkbox"/> RAMSY <input type="checkbox"/> Other: _____

B. Waste Properties, Characteristics, Constituents		Waste Volume: _____ (ft ³ , liters) circle one	
Attach documentation: SDS, manufacturer specifications, analytical results, process knowledge collection documents which further describe the item's materials of construction and/or function.			
Physical State:	<input type="checkbox"/> Solid <input type="checkbox"/> Solid w/freestanding or absorbed liquid <input type="checkbox"/> Liquid (If liquid, indicate if the liquid is: <input type="checkbox"/> Single Layer <input type="checkbox"/> Multi-layer <input type="checkbox"/> Gas	pH:	<input type="checkbox"/> ≤ 2 <input type="checkbox"/> > 2 but < 12.5 <input type="checkbox"/> N/A <input type="checkbox"/> ≥ 12.5
Flashpoint:	<input type="checkbox"/> < 140 °F <input type="checkbox"/> > 140 °F but < 200 °F <input type="checkbox"/> N/A <input type="checkbox"/> > 200 °F		
Characteristics:	Asbestos Content: <input type="checkbox"/> Corrosive <input type="checkbox"/> Ignitable <input type="checkbox"/> Reactive <input type="checkbox"/> Radioactive <input type="checkbox"/> Toxic <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> None PCB Content: <input type="checkbox"/> > 5 ppm <input type="checkbox"/> < 5 ppm <input type="checkbox"/> None	Metal Content: <input type="checkbox"/> Aluminum <input type="checkbox"/> Chromium <input type="checkbox"/> Nickel <input type="checkbox"/> Antimony <input type="checkbox"/> Cobalt <input type="checkbox"/> Selenium <input type="checkbox"/> Arsenic <input type="checkbox"/> Copper <input type="checkbox"/> Silver <input type="checkbox"/> Barium <input type="checkbox"/> Iron <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Beryllium <input type="checkbox"/> Lead <input type="checkbox"/> Thallium <input type="checkbox"/> Brass/Bronze <input type="checkbox"/> Mercury <input type="checkbox"/> Vanadium <input type="checkbox"/> Cadmium <input type="checkbox"/> Molybdenum <input type="checkbox"/> Zinc <input type="checkbox"/> None <input type="checkbox"/> Other (List) _____ <input type="checkbox"/> Friable, powder, or finely divided metals and metal compounds (list) : _____	
Composition			
<input type="checkbox"/> Batteries	<input type="checkbox"/> Cloth	<input type="checkbox"/> Paint	<input type="checkbox"/> Rubber
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Concrete	<input type="checkbox"/> Paper	<input type="checkbox"/> Soil
<input type="checkbox"/> Circuit board	<input type="checkbox"/> Glass	<input type="checkbox"/> Plastic	<input type="checkbox"/> Solder
<input type="checkbox"/> Wood	<input type="checkbox"/> Other (describe): _____		
Constituent:	Volume % (range):	Constituent:	Volume % (range):

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C. Freestanding and/or absorbed liquid present: (If yes, complete the following :)		[] Yes	[] No
Type of liquid present: [] Water only [] Oil (includes oil and water mixtures) [] Other (describe): _____	Estimated volume of liquid present (N/A for Ion Exchange Resin): [] Freestanding: _____ (ml, cup, liter, gal) circle one [] Absorbed: _____ (ml, cup, liter, gal) circle one		
Sorbent Type: [] N/A [] CHEMSORB [] Other: _____	Sorbent Amount: [] N/A _____ (ml, cup, liter, gal) circle one		

D. Hazardous Waste Classification (If the hazardous waste classification is unknown, submit form to the RP RWM Group at MS 84 for evaluation – note waste may require sampling and analysis)
[] Hazardous Waste (If this block is marked, list the underlying hazards below. Attach all applicable documentation describing the hazardous waste: e.g., process knowledge statement, MSDS, manufacturer's specifications, sample analysis, Hazardous Waste Determination Form, etc.). List Underlying Hazards: _____
[] Non-Hazardous Waste

E. Generator's Certification [By signing the form, the generator certifies (based on process knowledge or certified records) that all information is complete and accurate to the best of his/her knowledge. The generator also certifies (based on process knowledge or certified records) that (1) the hazardous classification of the item is accurate to the best of his/her knowledge and (2) that the waste meets the acceptance criteria of Chapter 5 of the SLAC Radioactive Waste Manual. By signing the form, the generator also authorizes the disposal of the waste item.]			
Generator Name/Signature:	Dept/Group:	Date:	Ext:

F. Radiological Data			
Radiation exposure rate: Contact: _____ mR/h 30 cm: _____ mR/h	Instrument Type	Serial #	Cal. Due Date
Radioactive contamination: [] N/A (Activated only) Internal: _____ dpm/100cm ² [] Unknown (External contamination must be < 1000 dpm/100 cm ²)			
Remarks/Comments: _____ _____			
RP Health Physics Technician Name/Signature:	Date:	Ext:	

G. Receiver Name/Signature:	Dept/Group:	Date:	Ext: