

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:																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Generation Process:</td> <td style="width: 30%;"><input type="checkbox"/> Special Project</td> <td style="width: 30%;"><input type="checkbox"/> Accelerator Equipment Upgrades/Replacement</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Facility Upgrades/Changes</td> <td><input type="checkbox"/> Emergency or One-Time Cleanup Operations</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Remediation/Excavation</td> <td><input type="checkbox"/> Decommissioning & Decontamination</td> <td></td> </tr> <tr> <td></td> <td colspan="3"><input type="checkbox"/> Other (please describe): _____</td> </tr> </table>		Generation Process:	<input type="checkbox"/> Special Project	<input type="checkbox"/> Accelerator Equipment Upgrades/Replacement			<input type="checkbox"/> Facility Upgrades/Changes	<input type="checkbox"/> Emergency or One-Time Cleanup Operations			<input type="checkbox"/> Remediation/Excavation	<input type="checkbox"/> Decommissioning & Decontamination			<input type="checkbox"/> Other (please describe): _____		
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	<input type="checkbox"/> Other (please describe): _____																
Generation location/system:	Destination:																
	<input type="checkbox"/> RAMSY																
	<input type="checkbox"/> Other: _____																

1 B. Waste Characteristics	Waste Volume: _____ (ft ³ , liters) circle one
Waste Constituents (If available, attach documentation, e.g., manufacturer's specifications, MSDS, etc., that further describes the item's materials of construction and/or its function.)	
<input type="checkbox"/> Aluminum <input type="checkbox"/> Beryllium <input type="checkbox"/> Brass/Bronze <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Iron	<input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Silver <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other Metal (describe): _____
<input type="checkbox"/> Asbestos <input type="checkbox"/> Batteries <input type="checkbox"/> Cardboard <input type="checkbox"/> Circuit board <input type="checkbox"/> Cloth <input type="checkbox"/> Concrete <input type="checkbox"/> Glass <input type="checkbox"/> Paint	<input type="checkbox"/> Paper <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber <input type="checkbox"/> Solder <input type="checkbox"/> Wood <input type="checkbox"/> Other (describe): _____

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

D. Hazardous Waste Classification (If the hazardous waste classification is unknown, complete a Hazardous Waste Determination Form (Appendix 5C) and submit it to the RP RWM Group at MS 84 for evaluation.)
<input type="checkbox"/> 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: _____.
<input type="checkbox"/> Non-Hazardous Waste

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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:
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F. Radiological Data

Radiation exposure rate: Contact: _____ mR/h
 30 cm: _____ mR/h

Radioactive contamination:

[] N/A (Activated only)

Internal: _____ dpm/100cm² [] Unknown

(External contamination must be < 1000 dpm/100 cm²)

Instrument Type	Serial #	Cal. Due Date

Remarks/Comments: _____

RP Health Physics Technician Name/Signature:	Date:	Ext:
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G. Receiver Name/Signature:	Dept/Group:	Date:	Ext:
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