

For RP use only

Container #: _____
 Location: _____

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

RADIOACTIVE MATERIAL DECLARATION FORM

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 Flashpoint: <input type="checkbox"/> < 140 °F <input type="checkbox"/> > 140 °F but < 200 °F <input type="checkbox"/> > 200 °F <input type="checkbox"/> N/A	
Characteristics:	Asbestos Content:	Metal 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	<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"/> Other (List) _____ <input type="checkbox"/> None	
Composition			
<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"/> Soil <input type="checkbox"/> Solder <input type="checkbox"/> Wood <input type="checkbox"/> Other (describe): _____	
Constituent:	Volume % (range):	Constituent:	Volume % (range):

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

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DECLARATION FORM**

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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: _____
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F. Radiological Data

Radiation exposure rate: Contact: _____ mR/h 30 cm: _____ mR/h Radioactive contamination: <input type="checkbox"/> N/A (Activated only) Internal: _____ dpm/100cm ² [] Unknown (External contamination must be < 1000 dpm/100 cm ²)	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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