

**THE UNIVERSITY OF MISSISSIPPI
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF RADIOACTIVE MATERIALS

Supervisor:	Department:
Building:	Room #:
Physical State: [] Solid [] Liquid [] Gas	Phone #:
Isotope:	UMRAC #:
Special Hazard(s):	

IDENTIFICATION OF THE MATERIAL

Biological or Chemical Components	Percent <small>Must Total 100 %</small>	Quantity <small>Volume or Weight</small>	Activity <small>Attach Data</small>
TOTAL	100 %		

I certify that the radioactive material listed above does NOT contain any pathogenic or infectious material, pesticides, or PCB's; and that it meets all of the requirements stated in the latest NRC-EPA regulations for mixed Low Level Waste. I further certify THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS ON THIS FORM.

Signature of Supervisor

Date

Please attach a copy of your Activity Analysis and calculations

DATE RECEIVED DHS:	CONTROL #:
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