UNIVERSITY OF WATERLOO RADIOISOTOPE INVENTORY

Location **Isotope:** _____ Date Received (D/M/Y): _____

Room: _____ Material: _____ Lot #: _____

Supervisor: _____ Activity: _____ Vial ID: _____

Permit #: _____ Volume (μL): _____ Class: _____

All waste is to be segregated as SOLID, AQUEOUS, or SOLVENT waste and brought to ESF for disposal.

Date Used	User Initials	Contamination Monitoring Date	Amount Used (μL)

This form must accompany the original vial to the waste area.

For RSO Use Only

Package Contamination: _____ Signature: _____ PO: _____

Date Returned to ESF (D/M/Y): _____ Disposal Drum Number: _____

UNIVERSITY OF WATERLOO