

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433**

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 #: |
|--------------------|------------|