NMT Radioactive Waste Pick Up Request Form PRINT ONLY! Handwritten forms will be returned

Name:		Bldg:		Room:
Phone #		Email:		Date:
Authorized User:				
Radioisotope	Form: (solid, liquid, gas, sealed source)		Activity	Date Acquired
Radioisotope	Form: (solid, liquid, gas,	sealed source)	Activity	Date Acquired
Radioisotope	Form: (solid, liquid, gas,	sealed source)	Activity	Date Acquired
Radioisotope	Form: (solid, liquid, gas,	sealed source)	Activity	Date Acquired