

Pick Up No. _____

RadSafe 18

UNIVERSITY OF MISSOURI-KANSAS CITY
RADIOACTIVE WASTE PICK UP FORM

Send completed forms to Hazardous Waste Div. , 4747 Troost Bldg. Rm. 003

Date: _____ Department /School Name _____

Authorized User's Name & Permit #: _____ phone _____

Print name of person authorizing charges Signature of person authorizing charges and **pick up:**
and pick up:

Account Name to be charged _____ Account Number _____

MO-CODE _____ Location of waste for pick up: Bldg. _____ Room: _____

Other: _____

If waste requires immediate attention, please explain:

Container Type						
Isotope						
microCi						
Dose Rate @ Surface						
Disposal Date						
Disposal Mode						

Hazardous Chemicals Present (include chemical names and % by weight (kg) or volume (L):

Comments: _____

Picked up by _____ Date _____