Notice of Radio-isotopic Waste
Specific Activity < 100 Bq/g

TO WHOM IT MAY CONCERN

This is to certify that the radio-isotopic waste presented for collection from our premises (on the date specified below) has a specific activity of less than 100 becquerels per gram (Bq/g).

Date: 
Signature: 
Name: ___________________________ (please print)
Department: 
Container Numbers: ___________________________ (from “Request” form)

WHS Office Use
Calculations checked by the Radiation Safety Officer
☐ Approved ☐ Not approved
Reason for check: 
Name: 
Signature: 
Date: 

Waste Contractor Use
Date: 
Signature: 

Copy of this completed notice must be faxed to Work Health & Safety Services with the Request for the Disposal of Hazardous waste. Another copy of this completed form must remain with the waste for collection.