

LOW LEVEL RADIATION WASTE ACTIVITY STATEMENT

1. DECLARATION

This is to certify that the radioactive waste presented for collection from our premises (on the date specified below) has a:

- Low level radioactive waste with specific activity **less than 100 Becquerels per gram (Bq/g)**

Name: _____

(Please print)

Signature: _____

Date: ____ / ____ / ____

School / Faculty: _____

Container Numbers: _____

Note – Section 4 of this form must also be completed

2. APPROVAL

WHS Office Use

Calculations checked by the Radiation Safety Officer

Reason for check: _____

- Approved Not Approved

Name: _____

Signature: _____

Date: ____ / ____ / ____

3. RECEIPT

Waste Contractor Use

Signature: _____ Date: ____ / ____ / ____

This form must be completed and uploaded to CampusAssist when job is requested. A copy can be completed and remain with the waste for collection.

4. WASTE ACTIVITY DETAILS

For low level waste (<100 Bq/g).

Container No.	Radioisotope	Physical state (Solid, liquid)	Container (Tin, bottle)	Current Total Activity (KBq)	Date used for activity calculation