

# Temple University RADIOACTIVE WASTE PICKUP FORM

PRINCIPAL INVESTIGATOR: \_\_\_\_\_

PICKUP REQUEST DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

ROOM/LAB LOCATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

TYPE (SOLID / LIQUID / LSC VIALS / SHARPS / STOCK VIALS / OTHER)	# CONTAINERS	NUCLIDE	ACTIVITY

(fax to 2-1600)