Nuclide: Chem Form		Date Rec : Amount			Amount:			
Naciae chem. Form.			•	Date Rec.: Amount :				
Purchase Order #: Vei			ndor: Location of Storage:					
LWAYS I	remove/ol	oliterate a	all Radioa	active packa	ge markings	and survey	prior to disposal.	
	_	<b>.</b>		WASTE DISF				1
Amount On Hand [uCi]	Amount Removed [uCi]	Name	Date	To Sewer [uCi]	To Health Physics [uCi]	Other Explain [uCi]	Long Term Retention † [uCi]	Transfer To uCi/CR