

APPENDIX R. Radioactive Waste Storage Log

Box ID: _____ **Location:** _____

Lab Source	Date to Storage	GM Reading (mR/hr)	Isotope	Activity (mCi)	Initials

Container Sealed Date: _____ Total Activity (mCi): _____

Final Survey and Disposal Data:

Date: _____ Isotope: _____ Location: _____

Survey Meter Model: _____ SN: _____ Cal. Date: _____ Cal. Due Date: _____

Prove Model: _____ SN: _____ Cal. Date: _____ Cal. Due Date: _____

Radiation Level (mR/hr) Background: _____ Container (mR/hr) Surface: _____

Individual Performing Disposal

Name: _____ Title: _____