Western

Date: _____

HAZARDOUS WASTE DISPOSAL FORM

1) Source:

Bldg: _____ Room: _____ Lab Supervisor: _____

Submitted by: _____ Phone: _____

2) Package Contents: (check all that apply)

Physical Forms: Solid ☐ Liquid ☐ Gas ☐

Container Materials: Plastic ☐ Glass ☐ Metal ☐ Other: _____

Hazards: Flammable ☐ Oxidizer ☐ Corrosive ☐ Toxic ☐ Air/Water Reactive ☐

Biohazard ☐ Name of organism: _____

Disinfection?

YES, Autoclaved (each container tagged with 'Treated Biomedical Waste')

YES, Chemical (indicate chemical used_____)

NO, Bag must have Western Incinerator label with appropriate coloured tape

Radioactive ☐ Attach "Nuclear Substance Inventory & Waste Form"

3) Individual containers: Please note that each individual container in the package must have a label listing its contents (including water) in order of decreasing concentration. These labels are available from Western Health & Safety.

ITEM#	DESCRIPTION OF CONTENTS	CONTAINER SIZE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Special Handling/Warnings: _____

Pick-up Location	Pick-up Time	Pick-up Location	Pick-up Time
Siebens-Drake Research Loading Dock	9:00 am	Medical Sciences - Room M003 (basement)	10:15 am
Robarts Research Institute	9:25 am	Chemistry Building Loading Dock	10:55 am
Biological & Geological Sciences Loading Dock	9:40 am	Engineering Sciences Loading Dock	11:30 am
North Campus Building Loading Dock	10:00 am		

Western

Health, Safety & Well-being
Your Health.
Your Safety.
Your Well-being.

Nuclear Substance Inventory & Waste Form

Inventory Code _____ **Permit Holder** _____
Permit Number _____ **Nuclear Substance** _____
Form ☐ **Solid** ☐ **Liquid** **Purchase Order #** _____
Wipe Test of Shipping Vial on Receipt ☐ **Yes** ☐ **No** **Total Activity (µCi or MBq)** _____
Total Volume _____ **Date of Activity** _____
Received Date _____ **Storage Room/Location** _____
Received By _____

Date Used (m/d/y)	Name of User	Activity Used (µCi or MBq)	Activity Remaining (µCi or MBq)	Disposal Method (e.g. L1)	Measured Disposal Activity (µCi or MBq)	Date of Disposal (m/d/y)

Date of Shipping Vial Disposal (m/d/y) _____

Name _____ **Signature** _____

Disposal Method Options:

Liquid	
Code	**Description**
L1	Liquid to Environmental Safety Personnel
L2	Liquid Scintillation Vials to Environmental Safety
L3	Transfer to another Research Unit (see note below)
L4	Storage until decayed to background level
L5	Return to Supplier (see note below)

Solid	
Code	**Description**
S1	Solid to Environmental Safety Personnel
S2	Return to Supplier (see note below)
S3	Transfer to another Research Unit (see note below)
S4	Storage until decayed to background level
S5	Store animals until decayed to background or below CNSC disposal limit (see note below)

NOTE: *No radioactive waste shall be disposed to the sewer, regular garbage, transfer or return without consultation with the Western Health and Safety Consultant.*