University of Virginia Uranyl Acetate Waste Ticket

Lab Location (Building and Room Number):				
COMMENTS				
SELECT THE WASTE CONTAINER		ENTER THE NAME AND PERCENTAGE OF EACH CONSTITUENT FOR LIQUID CONTAINERS		
1 GAL BUCKET				%
1 GAL JUG				%
5 GAL PAIL				%
Enter the weight of solid uranyl acetate in container	grams			%
BY SIGNING THIS W	ASTE TICKET, YOU A	RE CONFIRMING THAT THIS INFORMATI	ION IS CORRECT	
PRIMARY INVESTIGATOR:		LAB PHONE NUMBER		TODAY'S DATE:
PRINT YOUR NAME:		YOUR SIGNATURE:		

AFFIX THIS FORM TO THE TOP OF THE WASTE CONTAINER

Once you have completed filling out the form, save it on your computer using the following naming style: "PI Last Name, YYYY-MM-DD". Then click on the following hyperlink to mail this document: EHS-RadWaste@virginia.edu