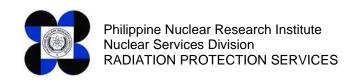


SERVICE REQUEST NO.:
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## SERVICE REQUEST FOR RADIOACTIVE WASTE MANAGEMENT

ı.	WASTE GENERATOR			
	Address :  Name of Applicant :  Designation :			
II.	DETAILS OF SERVICE REQUEST			
	Type of Radioactive Waste	Payment (to be filled by	/ RPSS Staff)	
	Solid Waste:	Cost of Analysis	:	
	☐COMBUSTIBLE☐NON COMBUSTIBL	OR Number	:	
	Liquid Waste:	Date	:	
	Spent/Disused Sealed Rad	lioactive Source		
	Others:			
III.	TYPE OF APPLICATION			
	<ul> <li>Industrial (density, level, moisture, thickness, irradiator)</li> <li>Medical (brachytherapy, teletherapy, bone densitometer, ophthalmic applicator)</li> <li>Research (calibration source, electron capture detector, irradiator, tritium target, G</li> <li>Others:</li> </ul>			



SERVICE REQUEST NO.:	

IV. RADIOACTIVE WASTE DETAIL	LS	Α	DET	WASTE	RADIOACTIVE	IV.
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5. I have	waste package at the facility. The Institute is implementing a only upon presentation of the Request is only valid for one sh	orm the PNRI-RWMF of the date of the CASH PAYMENT POLICY. The serve Official Receipt.  Inipment.  The terms and conditions stated	of shipment before transporting the ices being requested will be provided will be provided with the pr
	waste package at the facility. The Institute is implementing a only upon presentation of the	orm the PNRI-RWMF of the date of the CASH PAYMENT POLICY. The serv Official Receipt.	of shipment before transporting the
	waste package at the facility. The Institute is implementing a only upon presentation of the	orm the PNRI-RWMF of the date of the CASH PAYMENT POLICY. The serv Official Receipt.	of shipment before transporting the
only upon presentation of the Official Receipt.			
	_		•
	The waste generator shall info		•
	waste package from the hisper		
		ction & Enforcement Section (IES)	ecure a Permit to Transport for the prior to transport to PNRI-RWMF
		•	from Waste Generators for approval
	_		n accordance with the Guidelines for
1.	The waste generator shall requ	uest in the writing for the radioact	ve waste management service.
VI.	TERMS & CONDITIONS		
	Date	:	
	Signature	<u>:</u>	
	Service Requested by		
v.	WASTE COORDINATOR		
	Scriai Number	•	
	Instrument Brand/Model Serial Number	_	
	Monitored by	<u></u>	
	NA Constant la		
ı			(You may use a separate sheet as needed)
	Remarks		
ŀ	Transport Container		
ŀ	Surface Contamination		
ŀ	Dose Rate at 1 meter		
ŀ	Dose Rate at contact		
ŀ	Reference Date		
	Activity		
	Radionuclide		
	No. of units / Volume		