

Principal Investigators,

By regulation we are required to show that our radioactive material releases to the sanitary sewer are below certain levels. We must know how much radioactive material was disposed of by each lab every six months. Check the box near the appropriate six months you are reporting on, and include the year. Please return this form, even if your disposal amount is zero.

Thank you in advance for your help.

Radiation Safety Office

Office: 4-6510

Fax: 4-5095

To print/fax a copy of this form, please use the following link:

<http://upstate.edu/radiationsafety/pdf/sewer.pdf>

Principal Investigator's Name _____ Date: _____

Note: All amounts in μCi , please.

Nuclide	Amount on Hand	Sewer Disposal Amount for:
		<input type="checkbox"/> Jan - Jun 20____
		<input type="checkbox"/> Jul - Dec 20____