

RADIOACTIVE WASTE

CSU Northridge

Container #: _____

Authorized User: _____ EXT.: _____

Bldg. & Room: _____ Date: _____

Isotope: _____ Activity: _____

Isotope: _____ Activity: _____

Isotope: _____ Activity: _____

Chemical Composition:

_____ %
_____ %
_____ %
_____ %
_____ %
_____ %

Scintillation Cocktail Brand: _____

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