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1.0 PURPOSE AND SCOPE

1.1 Purpose

This procedure provides direction for Waste Management Services (WMS) Operations for collection, loading, and transporting solid waste from designated collection points. It also includes the following:
- Deliver containers
- Pick up containers
- Pick up LLW bags
- Receive waste containers
- Receive empty rad containers
- Accept & Inventory LLW laundry waste
- Shipping support onsite
- Receive new containers
- Container change status.

1.2 Scope

1.2.1 This procedure applies to all waste generation, collection points, and transportation activities performed at the 200 East/200 West Tank Farms and associated facilities.

1.2.2 Waste collection points include Satellite Accumulation Areas, Low Level Waste (LLW) collection areas, 90 day containers, LLW containers, recycle waste and/or non-regulated solid waste containers located within the areas stated above.

2.0 INFORMATION

2.1 Terms and Definitions
- WTS – Waste Technical Services
- LLW – Low Level Waste.
3.0 PRECAUTIONS AND LIMITATIONS

NOTE: - Beryllium Controls is based on screening criteria in TFC-ESHQ-S-STD-33, attachment A.

3.1 Limitations

3.1.1 The dose rate of the container may not exceed 80 mrem/hr (0.8 mSv/hr) @ 30 cm and 180 mrem/hr (1.80 mSv/hr) @ contact,

OR

AS directed by shipper.

3.1.2 Radioactive Shipment Records (RSR) or Onsite Routine Radioactive Shipment Records (ORR MSR) limits will apply, therefore, RCT verification surveys of government vehicles used to transfer radioactive waste and materials are required after off-loading.

3.2 Radiation and Contamination Control

3.2.1 Work in radiological areas will be performed using a Radiological Work Permit following review by Radiological Control per the ALARA work planning procedure TFC-ESHQ-RP_RWP-C-03 (ALARA Work Planning).

3.2.2 Shipping documents such as RSR or ORR MSR are required to move radioactive waste packages.

3.2.3 Waste packages must be marked and labeled in accordance with packaging instructions.

3.2.4 No external removable contamination on package.

3.2.5 All waste, prior to being placed in a waste storage box, is managed in accordance with ALARACT 0.41.

3.2.6 Type A and IP-1 containers must have Attachment 8 - Type A and IP-1 Container Completion Form paperwork completed.

3.3 Environmental Compliance

3.3.1 A Bill of Lading is required to move hazardous waste, recycle waste and non-regulated waste.

3.3.2 A Hazardous Material Shipment Record is required for shipment of Hazardous Material and recycled waste.
4.0  PREREQUISITES

4.1  Special Tools, Equipment, and Supplies

The following supplies may be needed to perform this procedure:

- 6-Point Survey Form (Drum or Box) - Attachment 5 - Six Point Survey Steel Waste Drums and Attachment 6 - Six Point Survey - Metal Waste Boxes
- 4-mil poly bags
- 10-mil poly bags.
- Reinforced cloth tape
- Black ink pens
- Permanent ink pen (e.g., sharpie)
- Socket wrench with ratchet
- Fine point permanent black ink marker
- Open end wrenches, various sizes
- Calibrated Torque wrench (capable of 65 ft/lbs) and tool set
- Department of Transportation placards
- Load Securing Devices: Straps, Pressure Bars, Clip-on Bars
- Two-way radio or cellular phone
- EPA Hazardous Waste Identification Stickers
- Emergency Response Guidebook
- Extra supply of labels and marking
- NucFil filters
- NucFil installation socket
- Drum bung replacement caps
- 6-mil poly bags
- Seal Tape.
4.2 Performance Documents

The following documents may be needed to perform this procedure (Many of these documents can be found in the PIN file):

- Bill of Lading
- Site Form A-6002-935, Tank Farm Container Request
- Site Form A-6003-117, Generator Certification
- Site Form A-6003-214.1 Radioactive Shipment Record (RSR)
- Site Form A-6004-227, Radiological Evaluation for Release
- Site Form A-6004-228, RCRA/TSCA Waste Radiological Release Form
- Site Form A-6005-748 Hazardous Material Shipment Record (HMSR)
- Site Form A-6006-120 Onsite Routine Radioactive Shipment Record (ORRSR)
- Site Form A-6007-440, Waste Container Marking and Labeling Instruction For Radioactive Shipments
- Site Form A-6007-438, Waste Container Marking And Labeling Instructions For Non-Radioactive Shipments
- Site Form A-6007-439, Waste Container Packaging Instructions
- Site Form A-6006-736, Container Tracking Record
- TO-100-052, Perform Waste Generation, Segregation, Accumulation and Clean-up
- TO-100-210, Perform Dispatch and Container Document System Duties
- TO-100-045, Inspect Waste Pad Areas and Active Containers
- TFC-ESHQ-S-STD-33, Implementation of DOE-0342, Chronic Beryllium Disease Prevention Program.

4.3 Field Preparation

4.3.1 IF a Commercial Motor Vehicle will be driven, ENSURE personnel possess the required licenses and training including:

- Valid Commercial Driver's License (CDL)/Class C with Hazardous Material endorsement or equivalency.
- Hazardous Material Driver's Training (Course Number 020077).

4.3.2 IF a Commercial Motor Vehicle will not be used, and placards are not required, ENSURE personnel possess the following:

- Washington State Driver’s license
- Hazardous Materials Driver’s Training (Course #020077).
5.0 PROCEDURE

NOTE - Tasks in this procedure performed by Operations and Health Physics personnel may be performed concurrently as long as all steps are completed.

5.1 Deliver Containers to the Field

_____ 5.1.1 OBTAIN appropriate PIN file.

NOTE - Steps 5.1.2 through 5.1.12 may be performed in any logical order.

_____ 5.1.2 ENSURE proper labeling/markings are prepared and signed for each container per Site Form A-6007-439 (See Attachment 1 – Waste Container Packaging Instructions).

5.1.3 FOR 55 and 85 gallon drums, ENSURE that the PIN label is placed below the top chime on the drum. (See Attachment 10 – Drum Labeling Example)

_____ 5.1.4 RECORD CIN on Site Form A-6006-736, Container Tracking Form.
5.1 Deliver Containers (Cont.)

5.1.5 PRIOR to loading containers onto transport vehicle,

5.1.5.1 IF the containers previously contained radioactive material, ENSURE dose rate and contamination survey has been completed.

5.1.5.2 MARK (Circle) the container manufacturer at the top of Attachment 8 - Type A and IP-1 Container Completion Form before placing in clear sleeve that is attached to the container for the generator.

5.1.5.3 IF the container is to be used for an SAA with radioactive waste, INSTALL a NucFil 013 filter or equivalent per Attachment 7 - NucFil Filter Installation Instructions.

5.1.5.4 IF the grout port box is to be used for radioactive waste destined for ERDF, DELIVER two (2) NucFil 040-RDA filters with the box.

5.1.5.5 IF container is to be used for TRU waste, CONTACT Waste Technical Services (WTS) for the correct NucFil to be used AND ENSURE a NucFil vent has been installed.

5.1.5.6 IF container is Blue Dot RO/RO or similar waste type, ENSURE Site Form A-6004-227 Radiological Evaluation for Release form is included in delivery paperwork.

5.1.5.7 IF requested by Waste Technical Services AND IF container is issued for the following:

- Non-radioactive Hazardous
- TSCA
- or Non-Regulated waste.

ENSURE Site Form A-6004-228, RCRA/TSCA Waste Radiological Release Form, is included in delivery paperwork.
5.1 Deliver Containers (Cont.)

5.1.6 LOAD containers onto transport vehicle.

5.1.7 ENSURE containers are upright and arranged in a single tier.

5.1.8 SECURE containers by using straps, pressure bars, clip-on bars, load-securing devices, etc. to prevent shifting.

5.1.9 TRANSPORT per appropriate ORRSR.

5.1.10 UNLOAD truck at the requested location.

5.1.11 UPDATE the following:
- Container Request form A-6002-935
- Site Form A-6006-736, Container Tracking Form.

5.1.12 INSERT Associated Attachment 7 - NucFil Filter Installation Instructions into PIN file.

5.1.13 ROUTE PIN file to Dispatch.
5.2 Pick Up Waste Containers from Various Tank Farm Locations

NOTE - This section does not apply to LLW bags.

5.2.1 REVIEW package instructions per Site Form A-6007-439 (See Attachment 1 – Waste Container Packaging Instructions) for each container designated for pick up.

5.2.2 ENSURE PIN file contains all applicable shipping markings/labeling.

NOTE - Steps 5.2.3 through 5.2.13 may be performed in any logical order.

5.2.3 CHECK container for damage (e.g., bent, dented, cracked, corroded, or bulging).

5.2.3.1 IF container is damaged, PERFORM the following:
   a. INITIATE SWIMS.
   b. NOTIFY First Line Manager (FLM).

NOTE - Lock ring bolts are for steel drum containers and not metal box containers.

5.2.4 IF the waste container is a steel drum,

5.2.4.1 CHECK locking ring bolt is installed on drums.

5.2.4.2 TORQUE bung and locking ring bolt to manufacturer recommended value on drums.

5.2.4.3 RECORD the following in the “Pick-Up” section on Site Form A-6007-439:
   • Torque wrench tool number and
   • Calibration due date.

5.2.5 MARK AND LABEL container per Site Form A-6007-439.

5.2.6 IF radioactive waste is in the containers, PERFORM AND COMPLETE 6 point survey for corresponding radioactive waste containers.
   • Attachment 5 - Six Point Survey Steel Waste Drums
   • Attachment 6 - Six Point Survey - Metal Waste Boxes.

5.2.7 LOAD container onto transport vehicle.

5.2.8 ENSURE waste container is properly arranged and secured on transport vehicle.
5.2 Pick Up Waste Containers from Various Tank Farm Locations (Cont.)

5.2.9 ENSURE shipper has completed the applicable
- RSR
- ORRSR
- Bill of Lading or
- Hazardous Material Shipment Record (HMSR).

5.2.10 IF limits of ORRSR or RSR are exceeded, CONTACT the FLM for further instructions.

5.2.11 UNTIL all designated packages have been picked up, REPEAT Steps 5.2.1 through 5.2.10 for each additional container.

5.2.12 TRANSPORT waste to storage facility.

5.2.13 IF transporting container to new field location, UPDATE Site Form A-6006-736, Container Tracking Form.

5.2.14 GO TO Section 5.5.
5.3 Collection and Receiving of Low Level Waste Bags

NOTE - It is expected that waste accumulated in farm collection trailers are double bagged, surveyed, and inventoried.

5.3.1 REVIEW the inventory sheet for completion and whether it lists any prohibited articles per TO-100-052, Attachment 1 - Prohibited Articles.

5.3.2 MATCH inventory sheets with the contents of the bag to the extent possible.

5.3.3 IF possible, VISUALLY INSPECT for the following criteria:
- Waste is packaged in at least two 4-mil or greater poly bags and the outer bag is yellow or a clear bag with radioactive markings
- Both primary and secondary bags are separately J-sealed with 2-inch-wide plastic-reinforced cloth tape
- Poly bags are not damaged (e.g., torn or ripped)
- No Free Liquids Present
- All sharp and/or heavy object(s) are padded to prevent puncture of bag.

5.3.4 ENSURE radiological information is clearly visible.

5.3.5 IF deficiencies are identified, GO TO Section 5.10.

5.3.6 IF no deficiencies are identified, REQUEST RCT to survey for external removable contamination and confirm radiation dose rate information.

NOTE - Containers with external removable contamination cannot be shipped.

5.3.7 IF removable contamination is present, PERFORM the following:

5.3.7.1 INITIATE SWIMS.

5.3.7.2 NOTIFY FLM.

5.3.8 RECORD next waste bag number on Waste Inventory Sheet.

5.3.9 MARK waste bag with same number using a permanent ink marker.

5.3.10 REPEAT Steps 5.3.1 through 5.3.9 until all available Low Level Waste is collected.
5.3 Collection and Receiving of Low Level Waste Bags (Cont.)

5.3.11 LOAD LLW bag(s) onto transport vehicle.

5.3.12 ROUTE Waste Inventory Sheets to Dispatch.

5.3.13 BEFORE off loading, ENSURE the Waste Inventory Sheets have been reviewed by WTS.

5.3.14 OFF LOAD waste bags into waste containers.

5.3.15 WHEN waste bags are offloaded to a conex box, PLACE every 10th bag into the associated sample box.

5.3.16 REQUEST RCT to survey transport vehicle.

5.3.17 IF contamination is found, DO NOT MOVE truck until decontamination procedures have been administered.
5.4 Accept and Inventory Low Level Waste Laundry Bags from Unitech

5.4.1 WHILE performing this section, CONFIRM Waste received from Unitech is double bagged, surveyed, and inventoried.

NOTE - Waste Bags include laundry waste bags.

5.4.2 REQUEST delivery ticket for the waste bags from Unitech driver.

5.4.3 REQUEST RCT to survey LLW bags for contamination.

5.4.4 IF contamination is found, DO NOT OFFLOAD the waste bags AND PERFORM the following:

5.4.4.1 INITIATE SWIMS.

5.4.4.2 NOTIFY FLM.

5.4.5 VISUALLY INSPECT for the following criteria:
- Waste is packaged in at least two 4-mil or greater poly bags and the outer bag is yellow or a clear bag with radioactive markings
- Both primary and secondary bags are separately pigtailed with 2-inch-wide plastic-reinforced cloth tape
- Poly bags are not damaged (e.g., torn or ripped)
- No Free Liquids Present
- All sharp and/or heavy object are padded to prevent puncture of bag
- No prohibited articles are present.

5.4.6 PLACE waste bags in 616 facility horse trailer.

5.4.7 COMPLETE the Tank Farm Waste Inventory Sheet (Site Form A-6002-936) for the incoming waste.

5.4.8 ATTACH waste inventory sheet to each bag.
5.5 Receive Waste Containers at 616 from Various TF Locations

NOTE - This section does not apply to bagged waste.

5.5.1 **OFFLOAD** container(s) from transport vehicle.

5.5.2 **IF** radioactive waste was transported, **REQUEST** RCT to survey vehicle after unloading.

5.5.3 **IF** contamination is found, **DO NOT MOVE** vehicle AND **PERFORM** the following:

5.5.3.1 **INITIATE** SWIMS.

5.5.3.2 **NOTIFY** FLM.

5.5.4 **OBTAIN** gross weight of the container in kilograms (kg) AND **RECORD** results and complete Checklist 1 - Waste Acceptance Checklist.

5.5.5 **REVIEW** the PIN file AND **RECORD** any problems or corrective actions on Checklist 1 - Waste Acceptance Checklist.

5.5.6 **IF** deficiencies are identified, **PERFORM** the following:

5.5.6.1 **CORRECT** deficiencies AND **DOCUMENT** corrections.

5.5.6.2 **IF** deficiencies cannot be corrected **DOCUMENT** deficiency AND **NOTIFY** FLM for appropriate response.

5.5.7 **IF** segregation instructions were provided by the Waste Technical Specialist, **REVIEW** the instructions in Site Form A-6006-439.

NOTE - Incompatible wastes must be kept separated. (TO-100-045, Table 2 - Waste Segregation for additional guidance).

5.5.8 **PLACE** container onto the appropriate storage pad.

5.5.8.1 **IF** incompatible wastes are stored in the same area, **ENSURE** they are physically separated by a means to prevent contact in the event of a spill (i.e., secondary containment).
5.5 Receive Waste Containers at 616 from Various TF Locations (Cont.)

5.5.9 CHECK that markings and labels are clearly visible AND ENSURE proper aisle space is maintained.

5.5.10 ENSURE container is closed in such a manner as to prevent spills if tipped.

5.5.11 UPDATE Site Form A-6006-736, Container Tracking Form.

5.5.12 IF the container is placed on a 90-Day pad, COMPLETE columns 1 through 6 on Data Sheet 1 - 90 Day Accumulation Pad Inventory Sheet.

5.5.13 IF waste package is waste pending analysis, PERFORM the following:

5.5.13.1 COMPLETE columns 1, 2, and 4 through 6 on Data Sheet 1 - 90 Day Accumulation Pad Inventory Sheet.

5.5.13.2 ENSURE package is marked as “Waste Pending Analysis”.

5.5.13.3 ENSURE package is marked with date sampled.

5.5.14 DELIVER PIN file to dispatch.
5.6 Process Full Low Level Waste Containers at 616 from Various TF Locations

5.6.1 WHEN the LLW collection container is full, PERFORM the following:

5.6.1.1 COMPLETE a Generator Certification Form per TO-100-052 and Site Form A-6003-117, Generator Certification.

5.6.1.2 REQUEST Attachment 6 - Six Point Survey - Metal Waste Boxes be performed.

5.6.1.3 REQUEST RCT ATTACH a completed Radioactive Material tag to container.

5.6.1.4 IF container is a full conex box, REQUEST FLM schedule crane crew to obtain gross weight.

5.6.1.5 WEIGH waste collection container AND RECORD gross weight in kg and complete Checklist 1 - Waste Acceptance Checklist.

5.6.1.6 UPDATE Site Form A-6006-736, Container Tracking Form.

5.6.1.7 ROUTE completed PIN File to Dispatch.

5.6.1.8 SUBMIT Site Form A-6002-935, Tank Farm Container Request Form for a replacement box to Dispatch.
5.7 Shipping Support from Various TF Locations

NOTE - The criteria for packaging and transportation are specific for each waste stream or container.

- Shipper or WTS will provide labeling instruction which include DOT requirements for marking, labeling, and other required acceptance criteria.

Preparation of Containers for Shipping

5.7.1 PRIOR to shipping, ENSURE completion one of the following:
  - Site Form A-6007-440, Waste Container Marking and Labeling Instruction For Radioactive Shipments
  OR
  - Site Form A-6007-438, Waste Container Marking and Labeling Instructions For Non-Radioactive Shipments

5.7.2 ENSURE container lids and venting mechanisms are tightened according to manufacturer’s instructions if provided.

5.7.3 IF lid lifting attachments are present, ENSURE lid lifting attachments are rendered inoperable.

5.7.4 ENSURE Shipper has inspected container.

NOTE - FLM will schedule needed resources (RCT, Teamsters, etc.) if needed for the shipment support.

5.7.5 REQUEST RCT to survey radioactive waste container(s) prior to shipment.

5.7.6 REQUEST RCT to survey vehicle prior to loading radioactive waste container(s).

5.7.7 REQUEST RCT to complete RCT section of the Radioactive Shipment Record, and Uniform Hazard Waste Manifest.

5.7.8 STAGE waste for loading AND
  ASSIST in loading waste containers onto transport vehicle.

5.7.9 UPDATE Site Form A-6006-736, Container Tracking Form in PIN file.

5.7.10 ROUTE PIN file and applicable shipping documents to 616 Dispatch.
5.8 Receiving Radioactive Empty Containers at 616 Facility

5.8.1 REQUEST radiological internal and external survey report for each container from delivery driver.

5.8.2 UNLOAD empty container from transport vehicle.

5.8.3 REQUEST RCT to survey empty container and transport vehicle for contamination.

5.8.4 IF contamination is found, STOP container off loading AND
   • INITIATE SWIMS
   • NOTIFY FLM.

5.8.5 INSPECT each empty container for any beryllium stickers.

5.8.6 IF a beryllium sticker is found on an empty container, removal of the beryllium sticker can occur only if the following conditions are met:

   5.8.6.1 VERIFY survey report indicates <40K dpm/100cm$^2$ $\beta\gamma$ and/or <2K dpm/100cm$^2$ $\alpha$ internal.

   5.8.6.2 IF the survey report shows values >40K dpm/100cm$^2$ $\beta\gamma$ and/or >2K dpm/100cm$^2$ $\alpha$ internal, STOP container offloading and DO NOT remove beryllium sticker.

   5.8.6.3 NOTIFY FLM.

5.8.7 MARK each container AND corresponding Rad survey with:
   • The current date and
   • Sequential number (i.e. 01/05/16-01, -02, -03).
5.9 Receive New Containers into Inventory

NOTE - Container means any waste container other than waste bags.
- Most new containers are received with bar codes on the outside. However, it is possible that empty drums, boxes, or conex(s) may be received without bar codes.

5.9.1 INSPECT container for evidence of damage AND REPORT any discrepancies found to FLM.

5.9.2 IF incoming containers have a bar code, RECORD per procedure TO-100-210.

5.9.3 IF new containers are drums, PLACE a Drum Warning Label on the top of each drum. (see Attachment 9)

5.9.4 REPORT all incoming containers to FLM.
5.10 Reporting and Resolving Deficiencies for LLW Bags

NOTE - Deficiencies, corrections, and resolutions will be documented on Data Sheet 2 - LLW Pickup Log.

5.10.1 DOCUMENT deficiencies on Data Sheet 2 - LLW Pickup Log.

5.10.2 IF deficiency can be corrected, DOCUMENT actions on Data Sheet 2 - LLW Pickup Log.

5.10.3 IF deficiency cannot be immediately corrected, COMPLETE a hold tag with the following information:
- Date
- Deficiencies.

5.10.4 ATTACH the completed hold tag to the waste bag.

5.10.5 Waste Operations Management, INFORM facility manager of deficiencies via e-mail which contains a request for a written resolution.

5.10.6 IF written resolution has not been received within ten working days, INITIATE a PER to track that a deficiency has not been corrected and Waste Operations management has not been notified of correction.
5.11 Records

NOTE - The PIN file will be the final Record, and will be submitted using procedure TO-100-210. No records are generated during the performance of this procedure.

5.11.1 PLACE the complete records Forms in the PIN file.

- Checklist 1 - Waste Acceptance Checklist
- Site Form A-6004-227, Radiological Evaluation for Release
- Site Form A-6004-228, RCRA/TSCA Waste Radiological Release Form
- Site Form A-6007-440, Waste Container Marking and Labeling Instruction For Radioactive Shipments
- Site Form A-6007-438, Waste Container Marking and Labeling Instructions For Non-Radioactive Shipments
- Site Form A-6007-439, Waste Container Packaging Instructions
- Site Form A-6006-736, Container Tracking Form
- Attachment 5 - Six Point Survey Steel Waste Drums
- Attachment 6 - Six Point Survey - Metal Waste Boxes
- Attachment 7 - NucFil Filter Installation Instructions
- Attachment 8 - Type A and IP-1 Container Completion Form.

The record custodian identified in the Company Level Records Inventory and Disposition Schedule (RIDS) is responsible for record retention in accordance with TFC-BSM-IRM_DC-C-02.
## Checklist 1 - Waste Acceptance Checklist

**PIN:**

<table>
<thead>
<tr>
<th><strong>ALL</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Record The Gross Weight in kg</td>
<td></td>
</tr>
<tr>
<td>Record Tare Weight Of container in kg</td>
<td></td>
</tr>
<tr>
<td>The Package Is Vented With A NucFil 013™/NFT-013G Filter Or Equivalent (Y)es or (N)o</td>
<td></td>
</tr>
<tr>
<td>Does the Package Contains Free Liquids? (Y)es or (N)o</td>
<td></td>
</tr>
<tr>
<td>If package contains Free Liquids, is it Double Contained? (Y)es or (N)o</td>
<td></td>
</tr>
<tr>
<td>IF “(N)o”, Contact Waste Technical Services for further instruction.</td>
<td></td>
</tr>
<tr>
<td>Markings And Labels Are Clearly Visible (Y)es or (N)o</td>
<td></td>
</tr>
<tr>
<td>There Is Proper Unobstructed Aisle Space Between Packages (30 Inches For Dangerous And Mixed Waste) (Y)es or (N)o</td>
<td></td>
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<tr>
<td>Record The Storage Pad Location</td>
<td></td>
</tr>
<tr>
<td>M - Mixed</td>
<td>H - Hazardous</td>
</tr>
<tr>
<td>L - Low Level Waste</td>
<td>-R - Recycle</td>
</tr>
<tr>
<td>The Package Has Been Segregated From Incompatible Waste (Y)es or (N)o</td>
<td></td>
</tr>
<tr>
<td>The Package Has Been Logged Into The Inventory Log Book (Y)es or (N)o</td>
<td></td>
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<tr>
<td><strong>RAD</strong></td>
<td></td>
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<tr>
<td>A 6 Point Survey Has Been Completed? (Y)es, (N)o, or N/A</td>
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### PROBLEMS / CORRECTIVE ACTIONS

**PROBLEM DESCRIPTION:**

**CORRECTIVE ACTIONS (DATA AND INITIAL WHEN CORRECTIVE ACTIONS ARE COMPLETED)**

**RECEIVING OPERATOR’S NAME**

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<table>
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<tr>
<th>Signature</th>
<th>Print (First &amp; Last)</th>
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### Data Sheet 1 - 90 Day Accumulation Pad Inventory Sheet

<table>
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<tr>
<th>PIN #</th>
<th>Date Inventory Received</th>
<th>Accumulation Date</th>
<th>Container Size/Type</th>
<th>Waste Description</th>
<th>Point of Generation</th>
<th>Shipped To</th>
<th>Date Shipped</th>
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</tr>
</tbody>
</table>
## Data Sheet 2 - LLW Pickup Log

<table>
<thead>
<tr>
<th>Farm</th>
<th>Number of Bags Picked Up</th>
<th>NO inventory Sheets</th>
<th>Inventory Sheet Correction</th>
<th>Single Bag Corrections</th>
<th>NO Radiation Tag(s)</th>
<th>J-Seal Corrections</th>
<th>Bags Left</th>
<th>Additional Issue(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Totals**

Comments:________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
_____________________________________________________________________________________

Signature ___________________________ / ___________________________ / ___________________________  
NCO Print (First & Last) ___________________________ Date ________________

Signature ___________________________ / ___________________________ / ___________________________  
Supervisor Print (First & Last) ___________________________ Date ________________

Facility Manager Contacted (print): ___________________________ Date Contacted ________________

<table>
<thead>
<tr>
<th>Type</th>
<th>Document No.</th>
<th>Rev/Mod</th>
<th>Release Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERENCE</td>
<td>TO-100-010</td>
<td>Q-7</td>
<td>12/05/2018</td>
<td>25</td>
</tr>
</tbody>
</table>
### Waste Container Packaging Instructions

**WASTE CONTAINER PACKAGING INSTRUCTIONS**

<table>
<thead>
<tr>
<th>PIN Number:</th>
<th></th>
</tr>
</thead>
</table>

#### Waste Types:
- MW [ ]
- HAZ [ ]
- LLW [ ]
- RC [ ]
- NR [ ]
- TRU: Yes [ ] No [ ] ESC [ ]

#### Container:
- Box [ ]
- Drum [ ] Size/Type: [ ]
- MPC [ ]
- Painted [ ]
- Galvanized [ ]
- Bucket [ ]
- One (1) NucFil 013 filter or equiv. Yes [ ] No [ ] N/A [ ]
- Two (2) NucFil 040 RDA filters Yes [ ] No [ ] N/A [ ]

#### Temporary Plugs Removed:
- Yes [ ] No [ ] N/A [ ]

#### Permanent Plugs Installed:
- Yes [ ] No [ ] N/A [ ]

#### SAA:
- Yes [ ] No [ ]

#### Labels/Markings Required:
- PIN [ ]
- Dangerous Waste [ ]
- Hazardous Waste [ ]
- Non-Reg [ ]
- Arrows [ ]
- Asbestos [ ]
- Corrosive [ ]
- Ignitable [ ]
- Reactive [ ]
- Toxic [ ]
- Carcinogenic [ ]
- Mutagenic [ ]
- Teratogenic [ ]
- 90-day accumulation container [ ]
- Other: [ ]

#### Liner List:
- 4 mil [ ]
- 6 mil [ ]
- 12 mil [ ]
- 90 mil [ ]

#### Asorbent Material:

#### Delivery Location:

#### Special Instructions:

#### DOT Labels/Markings Required:
- Flammable Liquid 3 [ ]
- Flammable Solid 4 [ ]
- Oxidizer 5.1 [ ]
- Corrosive 8 [ ]
- Class 9 [ ]
- Other: [ ]
- Rad 1 [ ]
- Rad II [ ]
- Rad III [ ]

#### Contents:

#### Activity:
TI: [ ]

#### P.S.N.:

#### Accumulation Date:

#### Waste Codes:
- Radioactive [ ]
- Radioactive - LSA [ ]
- Type A [ ]
- Seal [ ]
- Estimated Gross Weight: [ ] Kgs

#### Remove or Cover these Labels/Markings:

#### Waste Acceptance Sheet:
- Yes [ ] No [ ]

#### Six Point Survey Needed:
- Yes [ ] No [ ]

#### Container Closure Instructions:
- Yes [ ] No [ ]

#### Torque Wrench Tool Number:

#### Calibration Due Date:

#### Special Instructions:

### Instructions Prepared by:

**Print First and Last Name**

**Signature** [ ] **Date** [ ]

**Package Prepared by:**

**Print First and Last Name**

**Signature** [ ] **Date** [ ]
Waste Container Operations

Attachment 2 - Waste Container Marking and Labeling Instructions for Radioactive Shipment(s)

(Example)

<table>
<thead>
<tr>
<th>WASTE CONTAINER MARKING AN LABELING INSTRUCTION FOR RADIOACTIVE SHIPMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIN Number:</td>
</tr>
<tr>
<td>☐ Drum/size:</td>
</tr>
<tr>
<td>☐ Box/size:</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:** ***Please read before applying labels and markings***
1. Remove all labels and markings that are not required by these instructions.
2. If required, place EPA Hazardous Waste sticker on the same side.
3. If required, (see above), place one DOT radioactive label within 6 inches of the EPA Hazardous Waste Sticker.
4. Place a second radioactive label 180 degrees from the first.
5. Containers should be labeled with primary hazard label while in storage.
6. Remove vent clips if present.
7. Ensure all bolts and nuts are torques/sealed per manufacturer's specification.

**LABELING/MARKING**
☐ EPA Hazardous Waste Marking

**Proper Shipping Name:**

Accumulation Date: ___________________  Manifest Number: ___________________

**Waste Codes:**
☐ Radioactive (LLW) Marking Only

**Proper Shipping Name:**

**DOT LABELS**
☐ Radioactive White I  Total Activity: ___________________  TBq
☐ Radioactive Yellow II  Radionuclides: ___________________  Tl:
☐ Radioactive Yellow III
☐ Flammable Liquid
☐ Oxidizer
☐ Corrosive
☐ Poison
☐ Other: ___________________

**MISCELLANEOUS MARKINGS**
☐ Gross Weight ___________________  (Kg)
☐ "RADIOACTIVE - LSA"
☐ "RADIOACTIVE"
☐ Primary Hazard Markings:
☐ Toxic
☐ Other: ___________________
☐ Orientation Arrows (for containers with liquids only)
☐ Type A ☐ Seal
☐ Asbestos Marking
☐ Other: ___________________

**Comments:**
## WASTE CONTAINER MARKING AND LABELING INSTRUCTIONS FOR NON-RADIOACTIVE SHIPMENTS

<table>
<thead>
<tr>
<th>PIN Number:</th>
<th>CIN Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type/Size:</td>
<td></td>
</tr>
</tbody>
</table>

### Instructions:
1. Apply, leave, and/or mark on container(s) all information with blocks checked.
2. Remove all other marking and labeling (except PIN, CIN, and Spec. marking)

### Marking(s):
- [ ] Washington State Dangerous Waste (mark the "Proper Shipping Name" on sticker from choice indicated below)
- [ ] EPA Haz Waste Sticker information (mark the "Proper Shipping Name" on EPA sticker from choice indicated below)
- [ ] Profile Number:
- [ ] Accumulation Date:
- [ ] Manifest Document Number:
- [ ] Waste Codes:
- [ ] DOT ID Number:
- [ ] "RQ":
- [ ] Proper Shipping Name:
- [ ] "N.O.S." entries:
- [ ] "▲ ▲ " (Orientation Arrows)
- [ ] "Gross Weight" or "G W": Kg and/or lbs.
- [ ] Lab Pack Contents Sheet
- [ ] "Asbestos Warning" sticker
- [ ] Non-Regulated Waste* sticker (Mark the following "Proper Shipping Name" on Non-Reg Waste sticker)
- [ ] "Universal Waste": (i.e., Batteries, Lamps)
- [ ] Additional Information:
- [ ] PCB ML marking
- [ ] "PCB" Waste sticker showing the Out of Service Date and the PCB Total Wt. in Kgs.
- [ ] PCB Code:

### Label(s):
- [ ] DOT Primary Hazard Class Label:
- [ ] DOT Subsidiary Hazard Class Label:
- [ ] Other:

### Comments:
Attachment 4 - Container Tracking Record
(Example)

<table>
<thead>
<tr>
<th>Delivery Location</th>
<th>Moved To</th>
<th>Operator Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Additional Notes:

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Page 1 of 1
## Attachment 5 - Six Point Survey  Steel Waste Drums

### RCT Survey

<table>
<thead>
<tr>
<th>Name Print (First &amp; Last):</th>
<th>Pin No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Survey No.</td>
<td>No. 1</td>
</tr>
<tr>
<td>Dose Rate Inst. Type:</td>
<td>No. 2</td>
</tr>
<tr>
<td>Dose Rate Inst. Serial No.</td>
<td>No. 3</td>
</tr>
<tr>
<td></td>
<td>No. 4</td>
</tr>
<tr>
<td></td>
<td>No. 5</td>
</tr>
<tr>
<td></td>
<td>No. 6</td>
</tr>
<tr>
<td>Background</td>
<td></td>
</tr>
</tbody>
</table>

### INSTRUCTIONS:

- Use a micro Rem meter or equivalent for any reading of < 0.5 mR/hr, and fill in appropriate column.
- For maximum dose rate: Record highest dose rate found on the drum.
- Check points # 1 through # 6. Record dose rates on all sides of drum including top and bottom as shown on drawing.

### MAXIMUM DOSE RATE mR/hr ON ALL SURFACES

<table>
<thead>
<tr>
<th>Surface</th>
<th>Smears of Outer Container</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 220 dpm (4 Bq) ( \beta \gamma /\text{cm}^2 )</td>
</tr>
<tr>
<td>30CM</td>
<td>&lt; 22 dpm (0.4 Bq) ( \alpha /\text{cm}^2 )</td>
</tr>
<tr>
<td>One Meter</td>
<td>&lt; Tbl. 2-2 TFRCM Onsite Limits</td>
</tr>
</tbody>
</table>

### Transport Vehicle Readings

- < 200 mrem/hr (2 mSv/hr) @ Surface
- < 10 mrem/hr (0.1 mSv/hr) @ 2 meters
- < 2 mrem/hr (0.02 mSv/hr) @ Cab or Sleeper
  (Using + \( \beta \gamma \))

### SHIPPER

<table>
<thead>
<tr>
<th>Name Print (First &amp; Last):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
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<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
## Waste Container Operations

### Attachment 6 - Six Point Survey - Metal Waste Boxes

<table>
<thead>
<tr>
<th>RCT Survey</th>
<th>Pin No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Print (First &amp; Last):</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Survey No.</td>
<td>No. 1</td>
</tr>
<tr>
<td>Dose Rate Inst. Type:</td>
<td>No. 2</td>
</tr>
<tr>
<td></td>
<td>No. 3</td>
</tr>
<tr>
<td>Dose Rate Inst. Serial No.</td>
<td>No. 4</td>
</tr>
<tr>
<td></td>
<td>No. 5</td>
</tr>
<tr>
<td></td>
<td>No. 6</td>
</tr>
<tr>
<td>Background</td>
<td></td>
</tr>
</tbody>
</table>

### INSTRUCTIONS:
- Use a micro Rem meter or equivalent for any reading of < 0.5 mR/hr, and fill in appropriate column.
- For maximum dose rate: Record highest dose rate found on the box.
- Check points # 1 through # 6. Record dose rates on all sides of box, including top and bottom as shown on drawing.

DO NOT Apply Correction Factor

### MAXIMUM DOSE RATE mR/hr ON ALL SURFACES

<table>
<thead>
<tr>
<th>Surface</th>
<th>&lt; 220 dpm (4 Bq) β γ/cm²</th>
</tr>
</thead>
<tbody>
<tr>
<td>30CM</td>
<td>&lt; 22 dpm (0.4 Bq) α /cm²</td>
</tr>
<tr>
<td>One Meter</td>
<td>&lt; Tbl. 2-2 TFRCM Onsite Limits</td>
</tr>
</tbody>
</table>

### Smears of Outer Container

<table>
<thead>
<tr>
<th>Smears of Outer Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; Tbl. 2-2 TFRCM Onsite Limits</td>
</tr>
</tbody>
</table>

### Transport Vehicle Readings

<table>
<thead>
<tr>
<th>Transport Vehicle Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 200 mrem/hr (2 mSv/hr) @ Surface</td>
</tr>
<tr>
<td>&lt; 10 mrem/hr (0.1 mSv/hr) @ 2 meters</td>
</tr>
<tr>
<td>&lt; 2 mrem/hr (0.02 mSv/hr) @ Cab or Sleeper (Using + β γ)</td>
</tr>
</tbody>
</table>

### END VIEW

#### #5
Top of box

#### #6
Bottom of box

#### #4
Top View

#### #3
Labels

#### #1

### SHIPPER

<table>
<thead>
<tr>
<th>Name Print (First &amp; Last):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date:</td>
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**Type**: REFERENCE  
**Document No.**: TO-100-010  
**Rev/Mod**: Q-7  
**Release Date**: 12/05/2018  
**Page**: 31 of 37
# Attachment 7 - NucFil Filter Installation Instructions

1. **CHECK** condition of NucFil to be installed AND **IF** any signs of a bad NucFil, **REPLACE** with one in good condition.

2. **HAND THREAD** NucFil on drum finger tight.

3. **RECORD** the following information:

   | PIN#, CIN# or unique identifier of Container that NucFil will be installed on: |
   |__________________________________________________________________________|

   | Torque Wrench Serial Number:                                               |
   |__________________________________________________________________________|

   | Torque Wrench Calibration Due Date:                                        |
   |__________________________________________________________________________|

   | NucFil Serial Number: | Type of NucFil:                |
   |_____________________|__________________________|

   | NucFil Installed by: | Signature | Print (First & Last) | Date |
   |____________________|___________|_____________________|_______|

   | Verified by:              | Signature | Print (First & Last) | Date |
   |_______________________|___________|_____________________|_______|

**NOTE** - Torque wrench settings for NucFil filters are 15ft/lbs or 180inch/lbs, depending on scale being used.

4. **USE** care not cross thread or over tighten **AND** **TORQUE** NucFil to proper setting.

5. NCO **VERIFY** NucFil installed.

6. **FOR** drums,

   6.1 **PLACE** this attachment into PIN file.

7. **FOR** new boxes,

   7.1 **PLACE** this form into associated torque sheet file.
Waste Container Operations

Attachment 8 - Type A and IP-1 Container Completion Form

Container Manufacturer: (Circle one)
MHF/Bullrun   Premier   CPC   CTI   Other:________________

Pin or CIN Number ____________________________

Initial Opening/Inspection of Waste Container

Contact Waste Operations Dispatch at 372-1208 if discrepancy is noted and/or if additional assistance is needed.

Bolts have been removed and appear to be in good condition?  [   ] Yes  [   ] No  [   ] N/A

After lid has been removed or door has been opened:  Gasket is in place, in good condition, and not compressed (provides an effective seal) and sealing surfaces in good condition.  [   ] Yes  [   ] No

One (1) NucFil 013 filter or equivalent has been correctly installed.  [   ] Yes  [   ] No

Comments:

INSPECTED BY: ________________________  /  _______________________  /  ____________
Signature     Print (First & Last)       Date

INSPECTED BY: ________________________  /  _______________________  /  ____________
Signature     Print (First & Last)       Date

**********************************************************************************************

Intermittent/In Use Inspection

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal)  [   ] Yes  [   ] No

INSPECTED BY: ________________________  /  _______________________  /  ____________
Signature     Print (First & Last)       Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal)  [   ] Yes  [   ] No

INSPECTED BY: ________________________  /  _______________________  /  ____________
Signature     Print (First & Last)       Date
Attachment 8 - Type A and IP-1 Container Completion Form (Cont.)

Pin or CIN Number ________________________________

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date

-----------------------------------------------------------------------------------------------------------------------------

After lid has been removed or door has been opened: Gasket is in place, in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

INSPECTED BY: ________________________ / _______________________ / ____________

Signature                   Print (First & Last)     Date
Pin or CIN Number ________________________________

Final Closure/Inspection of Waste Container.

Gasket is on container and is acceptable for use. [ ] Yes [ ] No

Two (2) NucFil 040-RDA filters have been installed correctly and location clearly marked on top of box. [ ] Yes [ ] No

Prior to placing lid on container or closing door: Gasket is still in good condition, and not compressed (provides an effective seal) [ ] Yes [ ] No

CIN or PIN Number of Container: ________________________________

Torque wrench Serial Number: ________________________________

Torque wrench Calibration Due Date: ________________________________

Container Torque by: __________________________ / __________________________ / __________
Signature Print (First & Last) Date

INSPECTED BY: __________________________ / __________________________ / __________
Signature Print (First & Last) Date

INSPECTED BY: __________________________ / __________________________ / __________
Signature Print (First & Last) Date
Attachment 9 - Drum Warning Label

WARNING

Prior to working with any size drum, use the following steps.

- Check for signs of bulging. If signs of bulging are observed or if the drum DOES NOT have a bung, contact Waste Operations at 372-1208.

- If no signs of bulging are observed, check to see if the bung is loose. If not, loosen the 3/4” bung a 1/4 turn at a time to allow pressure to seep off. Do not back out the 3/4” bung more than half-way to avoid the bung becoming a projectile if the drum is under pressure. If hissing is heard, wait until the hissing stops to remove the ring.
Labeling Requirements for Mixed Waste Material

- Verify that all required labels are delivered with container.
- Apply all labels prior to placing waste into the container.

- Radiation Tag
- Package Identification Number (PIN)
- EPA Hazardous Waste or WA State Dangerous Waste Label
- Bar Code (CIN)
- Major Risks