WASTECONTROL
SPECIALISTS LLC

Radiological Profile Attachment (OP-1.1-2)

PROFILE #:_____

Check Appropriate Box:	☐ Storage Only ☐ Direct Disposal	☐ Treatment/Disposal ☐ Treatment/Return to Generator	☐ Treatment/3rd Party Disposal Disposal Site:

Chemical Form: _____

Is material waste (Check one): ☐ Yes ☐ No | Is material exempt (Check one): ☐ Yes ☐ No (WAC Section 3.2.1)

If Waste, what waste class (Check one): ☐ A ☐ B ☐ C or ☐ >C ☐ NA (see Title 10 CFR 61.55 and 30 TAC 336.362

Is material NORM (Check one): ☐ Yes ☐ No | Is material source material (Check one): ☐ Yes ☐ No

If NORM radium, please indicate Radon emanation rate: _____pCi/m^2/sec

SNM present? ☐ yes ☐ no; If yes list total grams for Profile:
Pu _____ U-233 _____ U-235 _____

If material/waste contains special nuclear material, please complete WCS OP-1.2.22 Attachment 1

Highest dose rate in mR/hr: On contact_____ At 1 ft. _____

Are the containers overpacked? (Check one): ☐ Yes ☐ No

Describe the packaging: _____ _____Total Cubic Feet

Radioactive Constituents:

List all radionuclides present in the waste, the concentration pCi/gm and the total activity in millicuries. (Attach additional sheets if necessary-please use the same table format as below.)

Nuclide	Concentration Range (pCi/gm) Min.	Max.	Avg.	Total Activity (mCi)

Generator's Certification:

The information contained herein is based on ☐ generator knowledge and/or ☐ analytical data. I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the sample(s) provided to WCS is representative of all materials described by this document, that the materials tested are representative of all materials described by this document, and that the methods of analysis used are the appropriate analytical methods as specified in the current editions of EPA (SW-846) and HASL-300 or equivalent methods.

Authorized Signature:_____ **Date:**_____

Printed Name:_____**Title:** _____