

Quotation Request for The Disposal of Radioactive Material



Active Collection Bureau

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Please complete all boxes and return to ACB:

Email: **sales@acb.co.uk** Fax: **01795 599800**

Please contact the office on **01795 437001** or via email if you have not received a response within 10 working days from the date of your submission of this form.

Company: _____

Name: _____

Address: _____

Tel: _____

Mobile: _____

Fax: _____

E-mail: _____

Date: _____

Address of waste if different to above: _____

Waste Item Details

	Item No. ____	Item No. ____
Ref/Serial number/other marks		
Nuclide		
Solid / Gas / Liquid / Powder		
Activity <i>(tick appropriate box and enter figure in item column)</i> GBq <input type="checkbox"/> MBq <input type="checkbox"/> kBq <input type="checkbox"/>		
Activity date		
Manufacturer's date <i>(if different to above)</i>		
Is Wipe Test Report available? <i>(If yes, please attach copy)</i>		
Is the item a High Activity Sealed Source? <i>(If not, please state reason)</i>		
Dimensions in mm		
Weight or Volume (g or cc)		
Dose at surface ($\mu\text{Sv/hr}$)		
Containment details dimensions and weight <i>(ie: lead pot 100g 100mm x 120mm)</i>		
Are there any special hazards? <i>(give details)</i>		
General description <i>(manufacturer, date purchased, etc.)</i>		

Name: _____

Signed: _____