

ACB Quotation Request Form Radioactive Material Disposal



Page _____ of _____

Please complete all boxes and return to ACB:

Email: **sales@acb.co.uk** Fax: **01622 356777**

Please contact the office on **01622 356700** 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: _____

Collection details (if different from above): Company: _____
 Contact Name: _____ Address: _____
 Tel: _____

Waste Item Details

	Item No. _____	Item No. _____
Ref/Serial number/other marks		
Nuclide		
Solid / Gas / Liquid / Powder		
Activity (tick appropriate box and enter figure in item column) GBq <input type="checkbox"/> MBq <input type="checkbox"/> kBq <input type="checkbox"/>		
Activity date		
Manufacturer's date (if different to above)		
Is Wipe Test Report available? <i>(If yes, please attach copy)</i>		
Are photographs available? <i>(If yes, please attach)</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 (µSv/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: _____