EARRPS, Box 191 Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust Hills Road Cambridge CB2 0QQ

## Authorisation for Disposal of Radioactive Waste via Incineration

Dept/Organisation:	
Disposal date:	
Disposed by:	
Contact telephone number:	
Number of bags/containers:	
Physical description of container(s):  (e.g. bags/sharps bins)	

The above named person is making this disposal which requires immediate incineration. This disposal is in accordance with the sub-certificate issued to the department/organisation detailed above by EARRPS. This ensures compliance with the Trusts Permit to Dispose of Radioactive Waste issued by the Environment Agency ref. EPR/KP3390SP.

Waste will only be accepted for incineration when signed below by a name authorised by EARRPS.

Signature of authorised person:

Name of authorised person:

Date:

Any queries regarding disposal of radioactive waste via incineration should be directed to Claire Blewitt, EARRPS, x3372 (01223 217372).

[Further details of the disposal are contained in any Appendix to this letter. This may be supplied to the incinerator staff with the letter or kept purely as an internal document within the generating department.]

## Appendix to incineration disposal letter

For instructions on taking waste to Addenbrooke's incinerator, please refer to 'HSD191R Instructions for
Incineration of Radioactive Waste'
https://www.safety.admin.cam.ac.uk/publications/hsd191r-incineration-waste-addenbrookes-hospital.

This document may be attached to the Authorisation	letter taken with the radioactive waste to the hospital
incinerator, AND a copy MUST be sent to the Unive	rsity Safety Office with your next monthly returns form.

Solid Rad	lioactive Waste for	Incineration		
Departme	ent Name			
			,	your next monthly returns form

Container ID	Radionuclide	Disposal Date	Activity on Disposal Date

## Organic Scintillant Waste for Incineration

Container ID	Radionuclide	Disposal Date	Activity on Disposal Date