ADCO SERVICES, INC. RADIOACTIVE SOURCE DISPOSAL INFORMATION FORM HTTPS://SPECIALWASTEDISPOSAL.COM **Generator Name (Facility) Radioactive Materials** Issued By? **License Number** Address (Line 1) Address (Line 2) City State Zip Code Contact **Email** Name Telephone Fax **Source Manufacturer Source Dimensions** Approximate (Attach drawing or picture Weight (if known) if possible) Model Serial Number Is Source Mounted In or On Equipment? Is Removal Required? Is Source Damaged? Isotope **Activity (Original) Original Assay Date Date of Last Leak Test** (Copy MUST accompany this form) Is Source "Special Form"? Certification Number (if known) Please use one form for each source for which you are sending information. This form can either be emailed to: (jimp@adcoservices.com) or (jimsradco@aol.com). If you need assistance, please call: (708) 429-1660. Please fill in all areas of this form, without this information we may not be able to issue a quote for disposal. Adco Services, Inc. cannot guarantee the acceptance of the described source for disposal. FOR ADCO USE ONLY Approval # Ву Date

ASI7/2022	