

PROCESS KNOWLEDGE CERTIFICATION FORM

NOTE: If the waste is known to have added radioactivity, then quantify that activity using a Radioactive Waste Control Form (RWCF) in lieu of a Process Knowledge Certification Form (PKCF) and a Non-Radioactive Waste Control Form (WCF).

Check the appropriate box for the type of Radiological Area that the waste has been in, as defined in the BNL Radiation Control (RadCon) Manual.

List potential nuclides

- | | | |
|--------------------------|-----------------------------|--|
| <input type="checkbox"/> | Contamination Area | |
| <input type="checkbox"/> | Radiation Area | |
| <input type="checkbox"/> | Airborne Radioactivity Area | |
| <input type="checkbox"/> | Radioactive Material Area | |

Yes No **Was this waste ever exposed to a beam or other source of particles (e.g., neutrons, protons, etc.) capable of causing activation?**
If YES, please give details of the exposure process.

Yes No **Was this waste ever in an area where the potential existed for contamination due to the presence of unencapsulated or unconfined radioactive material?**
If YES, please give details of the exposure process.

CERTIFICATION

Based on my knowledge of the origin, storage, use, potential exposure of the waste, and /or analysis, I certify that radioactivity has **NOT** been added to the waste, I also certify that, to the best of my knowledge, the information provided on the accompanying WCF is true and complete and that I am minimizing all waste to the best of my ability.

Signature of Waste Generator

Life #

Date

Attach this form to the WCF, transfer the WCF number to this form, and send both to your Facilities Support Services (FSS) Representative

Material Survey Log

FSS Representative

If waste is from an Radiological Area, survey the container for surface contamination utilizing BSS-SOP-1090, and check the appropriate box (Releasable or Unreleasable per DOE Order 5400.5).

- Releasable** **Unreleasable**

Document survey on reverse side

Location of material: _____ (Building / Room No.)

Use the table below to record removable contamination survey (either disk smears or masselin wipes) results. Enter scaler serial number for instrument serial number and counter room number if using counter equipment.

Detector type	Survey Instrument Serial No.	Counter Room No. or Inst. Model No.	Net Counts (cpm)	Reportable Result (dpm/100cm ²)	Comments (Radioanalytical Group Sample ID)

Use the table below to record fixed plus removable (direct) contamination survey results.

Detector type	Survey Instrument Serial No.	Counter Room No. or Inst. Model No.	Net Counts (cpm)	Reportable Result (dpm/100cm ²)	Comments (Radioanalytical Group Sample ID)

 Surveyor's Signature Life Number Date Time

 Reviewer's Signature Life Number Date

Note: Mark "N/A" in unused spaces

FC: HP3120

BNL F 3065

May 24, 1999